

**CHILDREN'S ADMINISTRATION RESPONSE  
TO**

**PRELIMINARY DESIGN AND SPECIFICATIONS REPORT**

**DECEMBER 20, 2005**

**DRAFT: FOR DISCUSSION  
PURPOSES ONLY**

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Children's Administration*

The Braam Oversight Panel was created in 2004 to oversee a settlement agreement regarding Washington State's foster care system. The settlement agreement was reached after a six-year period of litigation. The named plaintiff, Jessica Braam, is an adult who lived in 34 foster homes by the time the suit was filed in 1998.

The panel, made up of child welfare experts and advocates from across the nation, was created to monitor improvements in selected services and ensure quality standards are met over the next seven years. This independent panel, working in collaboration with DSHS and with substantial input from the Plaintiffs and other key stakeholders, is developing outcomes, benchmarks, and action steps in six areas affecting foster children.

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<h3>December 5, 2005 Draft</h3>
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This version modifies the November 22, 2005 version. In some places, the document identifies topics under review by the Panel due to comments from the November 29 meeting. This notation of “under review,” however, is not intended to cover each and every matter the Panel is deliberating, nor does it imply that the Panel has determined it will take action in this area. The purpose, rather, is to alert readers to areas where the Panel is considering modifications and to solicit comments.

The Panel is receiving comments through December 20, 2005. A final document will be distributed to the parties in mid-January and will be released to the public soon afterwards.

## INTRODUCTION

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This document proposes the outcomes, benchmarks, action steps, and professional standards to be used by the Panel in assessing compliance with the Settlement. The introductory sections included in previous drafts regarding the Settlement Agreement goals, etc., are deleted from this document, allowing readers to focus on the most critical sections.

For readers new to the Panel documents, be aware that this document is NOT a progress report on the Settlement. The first progress report will be delivered to the parties in mid-January and will cover action steps agreed to in the settlement. These action steps are also part of Kids Come First (Phase II), the comprehensive improvement plan developed by the state of Washington. The action steps are included in full in this document.

For more background on the Agreement and the Panel's role, visit [www.braampanel.org](http://www.braampanel.org).

### Professional Standards

The Settlement Agreement calls for the Panel to establish professional standards. These standards are a critical element of the Agreement as they define the “nuts and bolts” practice for the system and clarify expectations for social workers in the field as well as the state administration. This is the first Panel document to include proposed standards.

For the most part, the relevant professional standards are listed at the end of each section. Certain standards, however, appear with the outcomes and benchmarks. The Panel chose this format as a means of calling attention to certain standards that define specific behavioral expectations for the Department. This formatting decision does not mean that the standards grouped at the end of a goal are less or more relevant, applicable, or important. Because some standards apply to more than one area, they are listed more than once. The identified Council on Accreditation (COA) standards include some standards that are proposed for adoption by the organization; adoption by the COA is anticipated to occur in the near future. (The final document will distinguish between existing and proposed standards)

This document includes references to key Washington statutes related to the Settlement goals. It is still under review and missing several statutes.

***CA Response: A letter is being provided to the Panel along with our response to the report regarding our comments and answers to the Panel questions about the professional standards.***

### Benchmarks

This document is also the first to include Benchmarks, that is, the dates for measuring results that “advance the child welfare system toward a stated goal” (p. 4 of Settlement Agreement). The Benchmarks rely on three types of data:

- Administrative computerized information systems;
- Case file abstracts to be pulled from a randomized sample of cases from across the state; and
- Statistically valid surveys.

The data for the benchmarks are to be reported on a state and regional level in all instances and, when statistically valid, also an office level. A future report from the Panel will have a detailed description of measurement plans for the Outcomes.

The Progress Reports will assess performance related to the Benchmarks. The reports covering six-month periods will be filed by the Panel on February 1 and August 1 for each year of the Agreement. The

Panel will determine the baseline by examining performance during 2004 and 2005 and, after review, may select 2005 if it represents the most appropriate choice.

Benchmarks for Action Steps will have a one-month lag period; therefore, will include the six month periods January 1 through June 30 and July 1 through December 31. Thus, the February 1 report will cover the prior July 1 through December 31 period and the August 1 report will cover the prior January 1 through June 30 period.

Benchmarks for outcomes will have a six-month lag period; therefore, the February 1 report will cover the January 1 through June 30 period the prior year and the August 1 report will cover the July 1 through December 31 period. The increased lag period for outcome benchmarks will allow for administrative data acquisition, data analysis, and auditing/interpretation of findings.

***CA Response: Information regarding the Department's proposal of staging the benchmarks included in the Panels Design and Specification report is being forwarded along with our response to the report.***

### **Indian Child Welfare Act and Tribal Representatives**

The parties to the settlement agreement were the State of Washington and the plaintiff's attorneys (Tim Farris of Brett and Dugert, Casey Trupin of Columbia Legal Services, and William Grimm of the National Center for Youth Law). The tribes were not a party to the settlement agreement, and issues related to native children were not identified in the complaints filed by the plaintiffs. In some child welfare cases, tribal representatives and the state share jurisdiction; this document references this potential involvement.

### **Important Considerations**

A "Glossary" is included and will be expanded. In all cases, the term "child" or "children" refers to child/children in the class.

Many action steps are part of the Settlement Agreement; others were developed by the Panel. In some cases, the dates set in the Agreement for action steps have already passed. The January 2006 progress report will assess performance of action steps with expired timeframes.

### **Comments**

The Panel is actively soliciting comments on this document. Please contact the Panel through written communication, email, or telephone:

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## SECTION III: GOALS, OUTCOMES, BENCHMARKS, AND ACTION STEPS IN SIX SETTLEMENT AREAS

*The Department understood at the November 29, 2005 meeting that the Benchmarks included in the report were not intended to be “compounding” and will be reworded to be clearer in intent.*

### III.A: PLACEMENT STABILITY

**GOAL:** Each child in the custody of the Department shall have a safe and stable placement with a caregiver capable of meeting the child’s needs.

*Note: this section deals primarily with stability of placements. Safety in placements and appropriateness of placements are addressed in III.D. Unsafe/Inappropriate Placement.*

*Response: The use of the word “comparable” occurs in some of the Benchmarks below. The Department would like to clarify that comparable means there is no meaningful difference or statistically significant difference between the groups.*

**Outcome 1:** Foster and kinship caregiver recruitment will improve significantly over the settlement period.

**Benchmarks:** A one-year baseline for 2005 will be established for number of foster and relative caregiver homes for children. A measure of statewide and regional system capacity will be developed for the baseline report. Baseline reports for the monitoring period will include separate tabulations for foster and relative caregivers, racial/ethnic background of caregivers (e.g., those eligible/waiting to receive infants, adolescents, sexually assaultive, physically assaultive youth), and level/type of care (family foster care, enhanced family foster care, therapeutic care, respite care).

Definition of “active” is having at least one child placed in the home for one week or more during the monitoring period for one day or more of respite care.

*Response: The Benchmark as written is difficult to understand. The Department recommends that any breakout by type of home should be the same as the characteristics available for children (age, gender,). If it does not, that will be a considerable workload and resource issue to measure.*

*“Capacity” has not been defined. It is implied this means one home per child, when many homes are licensed to care for multiple children. “Number” of active homes are to increase, which presumes that homes are only taking one child. For example, the number of homes could decline, yet the capacity actually increases if more homes were available to take large sibling groups. The Department suggests counting beds instead of homes.*

Number of active foster and relative caregiver homes will increase yearly by 10% over baseline until number of homes is within the range of 5% over or under capacity. The rate of change may be adjusted by the Panel if the completed baseline indicates a more appropriate rate.

Panel sets baseline	06/01/06
10% over baseline	06/01/07
10% over 2007	06/01/08
10% over 2008	06/01/09
10% over 2009	06/01/10
10% over 2010	06/01/11

<b>COA Standard</b>	FC 6.07 Stability is maintained for the child by: <ul style="list-style-type: none"> <li>a. minimizing the number of separations that a child in foster care experiences;</li> <li>b. avoiding cyclical placements; and</li> <li>c. requiring all parties to provide formal notice at least 14 days in advance of any placement move to smooth a transition.</li> </ul>
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**Outcome 2:** Foster and relative caregiver retention will improve significantly over the settlement period.

**Benchmarks:** A one-year baseline will be established for the average years of retention of foster caregiver homes for children. Average years of retention will be reported as both mean and median statistics. Baseline reports for the monitoring period will include separate tabulations for foster and relative caregivers, racial/ethnic background of caregivers, and type of home with distinct licensing requirements (e.g., those eligible/waiting to receive infants, adolescents, sexually assaultive, physically assaultive youth), and level/type of care (family foster care, enhanced family foster care, therapeutic care, respite care). Retention will be defined as number of years during which at least one child was placed in the home for one week or more. The rate of change may be adjusted by the Panel if the completed baseline indicates a more appropriate rate.

Average years of retention for foster caregiver homes will increase yearly by 25% a year until average years of retention is one year over the baseline period (e.g., three months). The rate of change may be adjusted by the Panel if the completed baseline indicates a more appropriate rate.

*Response: Relative retention (licensed or unlicensed) is not appropriate to measure. Relatives are recruited for specific children related to them and there is no expectation that they be retained. If they are eventually recruited to be licensed for unrelated children, they will no longer be counted as a relative home, so the relative retention rate over time will be zero.*

*SAY/PAY is not a licensing requirement or category. Any breakout by type should line up with the characteristics available for children (age, gender,). If it does not, there will be a considerable workload and resource need in order to measure.*

Panel sets baseline	06/01/06
25% over baseline	06/01/07
25% over 2007	06/01/08
25% over 2008	06/01/09
25% over 2009	06/01/10
25% over 2010	06/01/11

<b>COA Standard</b>	FC 15.02 General and targeted recruitment efforts are planned, implemented, and evaluated to ensure a suitable family is available for each child entering care.
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**Outcome 3:** The proportion of active foster and relative caregivers from specific ethnic minority backgrounds will become comparable to the proportion of children in foster care from the same ethnic backgrounds.

*Response: The Department believes that including the ethnic minority status of children placed in relative care in this outcome is inconsistent with state statute. RCW 13.34.060 and 13.34.130 give priority to relative placement and the relative relationship should take precedence over the race or ethnicity of the adult and child. We suggest taking relative caretakers out of the Outcome. While obtaining data showing the rate at which minority children are placed with relatives compared to children in the class as a whole is useful and relevant to the Panel and Department as a measurement tool, the implication in the outcome that relative caretakers need to be of the same ethnic minority background as the child is overly restrictive.*

*To the extent the Outcome 3 is based on the assumption that ethnic minority children should be placed with foster parents of the same race or ethnicity, it is inconsistent with federal law. MEPA-IEP bars states from delaying or denying a child's foster care or adoptive placement on the basis of the child's or prospective parent's race, color, or national origin. However, MEPA-IEP does require states to diligently recruit foster homes that reflect the racial and ethnic diversity in out-of-home care. The Department recommends that Outcome 3 be changed to reflect this standard:*

*"Foster and relative caregivers from specific ethnic minority backgrounds will be recruited at a rate that is sufficient to meet the placement needs of ethnic minority children in out-of-home care."*

**Benchmark:** A one-year baseline for 2005 will be established for the difference in proportion between active foster and relative caregivers and children who are ethnic minorities. Baseline reports for the monitoring period will include separate tabulations for foster and relative caregivers, racial/ethnic background of caregivers (e.g., those eligible/waiting to receive infants, adolescents, sexually assaultive, physically assaultive youth), and level/type of care (family foster care, enhanced family foster care, therapeutic care, respite care).

*Response:* Please see comment above under Outcome 3.

*SAY/PAY is not a licensing requirement or category. Any breakout by type should line up with the characteristics available for children (age, gender,). If it does not, there will be a considerable workload and resource issue to measure*

**Outcome 4:** The percentage of children in custody for at least 30 days who experience three or more placements (not including respite care, hospital stays, first placement with siblings or first placement with relative caregivers) will be significantly reduced over the settlement period. The data will be examined using a cohort method, as well as methods that incorporate performance related to youth in long-term foster care.

**Benchmarks:** 1. A one-year baseline for 2005 will be established for percentage of children who have experienced three or more placements during their out-of-home episode of care. A measure of least possible percentage of children who experience three or more placements will be developed for the baseline report. Baseline reports for the monitoring period will include separate tabulations for annual entering cohorts and for children from diverse ethnic minority backgrounds.

*Response:* It is unclear what "least possible percentage" means and how it will be determined.

The percentage of children who have experienced three or more placements during their out-of-home episode of care will decrease yearly by 10% under baseline until the least possible percentage is reached. Difference in proportion between active foster and relative caregivers and children is subject to adjustment by the Panel if the completed baseline indicates a more appropriate rate.

Panel sets baseline	06/01/06
10% under baseline	06/01/07
10% under 2007	06/01/08
10% under 2008	06/01/09
10% under 2009	06/01/10
10% under 2010	06/01/11

**Outcome 5:** The reductions in percentage of children in custody for at least 30 days during the monitoring period who experience three or more placements (not including respite care, hospital stays, first placement with siblings, or first placement with relative caregivers) will be comparable for children from diverse ethnic minority backgrounds.

**Benchmarks:** A one-year baseline for 2005 will be established for disproportionality by racial/ethnic background percentage of children who have experienced three or more placements during their out-of-home episode of care.

The percentage of children who have experienced three or more placements during their out-of-home episode of care will decrease yearly by 10% under baseline. The rate of change may be adjusted by the Panel if the completed baseline indicates a more appropriate rate.

Panel sets baseline	06/01/06
10% under baseline	06/01/07
10% under 2007	06/01/08
10% under 2008	06/01/09
10% under 2009	06/01/10

**Action Steps:****Details:**

1. RFP for statewide foster parent recruitment	<p>KCF II 24.1.1</p> <p>Implement the RFP for providing statewide foster parent recruitment.</p> <ol style="list-style-type: none"> <li>Review and select proposals</li> <li>Develop performance measures</li> <li>Develop implementation and communication plans</li> <li>Orientation of staff and caregivers to regional/statewide recruitment program</li> <li>Begin implementation of regional/statewide contracted recruitment program</li> <li>Annual contract monitoring re contract performance measures and reporting of results</li> </ol>
2. Require multi-disciplinary case staffings for children in four or more placements	<p>KCF II 6.1.1*</p> <p>Require multi-disciplinary case staffings for children who have been in three or more placements to build an intensive case plan to improve placement stability.</p> <ol style="list-style-type: none"> <li>In collaboration with Tribes, LICWACS, and/or Indian Organizations, utilize CAMIS data on children in placement, length of stay and age of children, to develop a plan of implementation for review and approval of the Braam Panel (1/05)</li> <li>Braam Panel reviews and approves final plan (3/05)</li> <li>Communicate timeframes and guidelines to all social workers, supervisors and managers (5/05)</li> <li>Begin Phase I of the plan (conducting staffings for children in five or more placements) (5/05)</li> <li>Complete Phase I (5/06)</li> <li>Begin Phase II of the plan (conducting staffings for children in four or more placements) (5/06)</li> <li>Complete Phase II (5/07)</li> </ol> <p>Begin Phase III of the plan (conducting staffings for children on an ongoing basis for children in three or more placements) (5/07)</p> <p>* The current version of this section in KCF II is different than in the version of KCF II in existence at the time of the settlement agreement (5/31/2004).</p>
3. Implement strategies to increase appropriate matching between children and	KCF II 6.2.2* (originally 6.2.4)

caregivers at time of initial placement	<p>Implement strategies to increase appropriate matching between children and caregivers at the time of initial placement (e.g., increase completion rate of Pre-Passports within required timeframes)</p> <ol style="list-style-type: none"> <li>Establish workgroup to develop strategies, including a process for how to track appropriate matching at the initial placement (12/04)</li> <li>CA Management reviews and approves strategies (5/05)</li> <li>Make necessary policy changes to support strategy implementation (8/05)</li> <li>Provide education/training to staff to support implementation of strategies (11/05)</li> <li>Begin implementation of strategies (12/05)</li> <li>Review baseline for placement stability following a completed Pre-Passport, and set performance measure (6/06)</li> <li>Initiate quarterly reporting to the field (12/06)</li> </ol>
4. Develop and implement policy to provide emergency respite to licensed foster care and relative caregivers to prevent disruption	<p>KCF II 6.1.3* (originally 6.1.2(a))</p> <p>Provide respite to resource families to support placements at risk of disruption and provide appropriate access to respite care for caregivers requesting and needing this service, to include in-home respite care for licensed foster parents</p> <ol style="list-style-type: none"> <li>Review and revise existing respite policy to provide immediate respite to resource families where placement is at risk of disruption (12/04)</li> <li>Complete assessment of regional needs (4/05)</li> <li>Develop regional respite capacity to support respite policy (7/05)</li> <li>Communicate revised respite policy to social workers, supervisors and resource families (8/05)</li> <li>Revise academy training program and foster parent pre-service training program to reflect revised respite policy (9/05)</li> </ol>
5. Complete implementation plan for 2003 legislation to increase educational stability of foster children (HB 1058). Complete and implement agreements with school districts, addressing transportation issues for children transferring schools upon placement or move between placements	<p>KCF II 15.3.1, 15.3.2, 15.3.3* (originally 15.1.4)</p> <p>15.3.1 In collaboration with partners, develop interagency working agreements between OSPI and CA to include protocols for effective information sharing and service planning for children in care</p> <ol style="list-style-type: none"> <li>Statewide MOU between OSPI and CA signed (7/04)</li> <li>Conduct statewide summit to bring together regions with local school districts to get acquainted, build awareness, plan for regional meetings, and outline steps that will lead to a MOU between DCFS and local school districts (10/04)</li> <li>Each region completes agreements with 3-6 local school districts and report to HQ including basic elements of statewide MOU and address specifics such as transportation issues for children changing placements or transferring to other schools (7/05)</li> <li>Complete protocols with 30% of school districts within two years (7/06)</li> </ol> <p>15.3.2 In collaboration with OSPI and local schools conduct regional Educational Achievement Summits</p> <ol style="list-style-type: none"> <li>Regional representatives attend statewide summit</li> </ol>

	<p>and regional breakout groups begin to plan region summits (10/04)</p> <ul style="list-style-type: none"> <li>b. Regions develop collaborative planning workgroups with local districts (6/05)</li> <li>c. Develop training and communication plan for staff in region and local school districts (9/05)</li> </ul> <p>15.3.3 Implement regional and statewide information and referral liaisons</p> <ul style="list-style-type: none"> <li>a. Regions identify Education leads (10/04)</li> <li>b. Provide regional and/or office contacts in local agreements (12/04)</li> <li>c. Establish protocols in local agreements (6/05)</li> <li>d. Communicate with staff regarding identified contracts and local agreements (6/05)</li> </ul>
6. Increase the appropriate use of kinship care	<p>KCF II 8.3.2, 8.3.3, 21.1.1 (originally 20.1.1 – 21.1.2)</p> <p>8.3.2 Develop and implement caregiver initial assessment policy to support immediate relative placements</p> <ul style="list-style-type: none"> <li>a. Workgroup develops initial assessment tool and policy (12/04)</li> <li>b. CA Management reviews and approves appropriate recommendations (2/05)</li> <li>c. Provide training to social workers and supervisors (3/05-5/05)</li> <li>d. Revise DLR academy training to reflect policy change (5/05)</li> <li>e. Implementation statewide (6/05)</li> </ul> <p>8.3.3 Implement relative home study</p> <ul style="list-style-type: none"> <li>a. Workgroup develops initial assessment tool and policy (12/04)</li> <li>b. CA Management reviews and approves appropriate recommendations (2/05)</li> <li>c. Provide training to staff (3/05-5/05)</li> <li>d. Implementation statewide (6/05)</li> </ul> <p>21.1.1 Develop and implement revised policy framework for kinship care.</p> <ul style="list-style-type: none"> <li>a. Establish policy workgroup to: (9/04) <ul style="list-style-type: none"> <li>• Develop policy providing access to services for non-licensed kinship care providers; and</li> <li>• Develop tools (e.g., ancestry chart, genogram) for Kinship care policy, including how it supports Tribal ICWA law requirements.</li> </ul> </li> <li>b. CA Management reviews and approves recommendations (1/05)</li> <li>c. Make necessary policy changes to support framework. (4/05)</li> <li>d. Provide training to existing staff on policy framework and tools (5/05)</li> <li>e. Revise academy curriculum for new social workers to include kinship framework (6/05)</li> <li>f. Implement policy changes. (7/05)</li> </ul>
7. Revise and implement policy and procedure to provide for the involvement of children and parents in assessments, development of case	<p>KCF II 13.1.1</p> <p>Review and revise policy and procedure regarding when and</p>

plans and major decisions (including changes in placement)	<p>how service plans are written and updated, the involvement of children and parents and Tribes in assessments, development of case plans for in-home cases and out-of-home cases, and major decisions, to include practice guidelines for engaging children, Tribes and fathers in the process.</p> <ul style="list-style-type: none"> <li>a. Establish policy workgroup to review current policy and make recommendations for necessary revisions (12/04-4/05)</li> <li>b. CA Management reviews and approves of appropriate recommendations (4/05-6/05)</li> <li>c. Revise academy training and post-academy training on permanency to reflect policy changes (7/05)</li> <li>d. Provide training to social workers and supervisors on policy and procedure revisions (7/05-9/05)</li> <li>e. Implement policy revisions (10/05)</li> </ul>
8. Develop and implement annual local office and/or regional, plans for the recruitment and retention of foster homes that specifically assess the need for and availability of placement for children with special needs, and for respite (especially for adolescents). Such plans shall specify the recruitment activities targeted at increasing the number of such homes. The plans shall contain numerical targets for increases each year in the number of homes in the special populations of children listed above, beginning in July 2005 until the target identified in the plans is met.	<p>KCF II 24.1.3 (incorporated from Braam into KCF II)</p> <p>Develop and implement state and regional resource management plans, including recruitment for minority, school based, sibling groups and adolescent resources</p> <ul style="list-style-type: none"> <li>a. Workgroup develop resource management plan template (9/04-10/04)</li> <li>b. Regions develop annual resource management plan (11/04-3/05)</li> </ul>
9. Develop a plan by June 30, 2005 for Panel review and approval to reduce caseloads to COA standards.	<p>KCF II 14.1.8 (incorporated from Braam into KCF II)</p> <p>Develop a plan by June 30, 2005 for review and approval by the Braam Panel to reduce caseloads to COA standards</p> <ul style="list-style-type: none"> <li>a. Establish workgroup to develop plan and estimate costs/resources required (1/05)</li> <li>b. CA Management reviews and approves plan (5/05)</li> <li>c. Plan submitted to Braam Panel for review (6/05)</li> </ul>
10. Notify child's representative (attorney/GAL/CASA) prior to placement move, except in emergencies. When a move has been made based on an emergency, the child's representative will be notified on the next business day.	<p>KCF II 6.1.4 (incorporated from Braam into KCF II)</p> <p>Notify child's representation (attorney/GAL/CASA) prior to placement move, except in emergencies. When a move has been made based on an emergency, the child's representative will be notified on the next business day</p> <ul style="list-style-type: none"> <li>a. Develop policy regarding notification to GAL/CASA (10/04)</li> <li>b. Communicate policy to social workers, supervisors and GAL/CASA of policy requirement (11/04)</li> <li>c. Implement policy (12/04)</li> </ul>
11. A history of the child's placements will be reported to the Juvenile Court at each dependency review hearing as part of the child's Individual Safety and Service Plan (ISSP).	<p>KCF II 6.1.5 (incorporated from Braam into KCF II)</p> <p>Develop policy to require reporting of a child's placement history to the Juvenile Court at each dependency review hearing as part of the child's Individual Safety and Service Plan (ISSP).</p> <ul style="list-style-type: none"> <li>a. Utilizing workgroup from 7.1.6, review and revise</li> </ul>

	<p>ISSP and ISSP guidelines to provide clear history of child's placement (3/05)</p> <ul style="list-style-type: none"> <li>b. Distribute revised ISSP and ISSP guidelines to social workers and supervisors (9/05-12/05)</li> <li>c. Implement policy requirement to provide child's placement history to court at each dependency review hearing (1/06)</li> </ul>
<p>12. Consistent with the outcomes and benchmarks in Section IV.2, develop and begin to implement pilot programs in at least 3 sites providing therapeutic foster care using effective, evidence-based models of care for children with emotional and behavioral challenges. (By June 2005 develop RFP, award contracts and begin implementation of pilot projects)</p>	<p>KCF II 17.2.1 (incorporated from Braam into KCF II)</p> <p>Develop and implement pilot programs in at least 3 sites providing therapeutic foster care using effective, evidence-based models of care for children with emotional and behavioral challenges</p> <ul style="list-style-type: none"> <li>a. Develop RFP (12/04)</li> <li>b. Publish RFP (1/05)</li> <li>c. Award contracts (3/05)</li> <li>d. Implement pilot programs (6/05)</li> </ul>
<p>13. Implement strategies to increase appropriate matching between children and caregivers for children who need to be replaced.</p>	<p>KCF II 6.2.3 (incorporated from Braam into KCF II)</p> <p>Implement strategies to increase appropriate matching between children and caregivers for children who need to be replaced</p> <ul style="list-style-type: none"> <li>a. Utilizing workgroup from 6.2.2, develop strategies (12/06)</li> <li>b. CA management reviews and approves strategies (5/07)</li> <li>c. Make necessary policy changes to support strategy implementation (8/07)</li> <li>d. Provide education/training to staff to support implementation of strategies (11/07)</li> <li>e. Begin implementation of strategies (12/07)</li> <li>f. Review baseline for placement stability following a completed Pre-Passport, and set performance measure (6/08)</li> <li>g. Initiate quarterly reporting to the field (6/08)</li> </ul>

**State Law**  
RCW 13.34.130

**COA Standards:**

- FC 6 Children are placed with foster families that can meet their needs for safety, permanency, stability, and well being.
- FC 15 A sufficiently diverse group of foster families is recruited, prepared, and supported to meet the needs of the children in care and their families.
- FC 15.01 Recruitment and retention efforts involve key stakeholders including:
  - a. foster care alumni;
  - b. current foster parents;
  - c. foster care workers;
  - d. community leaders; and
  - e. other organizations in the community.
- FC 3.08 The foster care worker and a supervisor, or a clinical, service, or peer team review the case quarterly to assess:
  - a. service plan implementation;
  - b. the family's progress toward achieving service goals and desired outcomes; and
  - c. the continuing appropriateness of the agreed upon service goals.
- FC 6.02 A placement that can meet the child's needs is selected in accordance with the following priorities:
  - a. with siblings;
  - b. with kin; or
  - c. with a family that resides within reasonable proximity to the child's family and home community.
- FC 15.09 Foster parents have access to services to prevent and reduce foster parent stress and family crisis including:
  - a. child care;
  - b. respite care;
  - c. counseling;
  - d. peer support; and
  - e. recreational activities.
- FC 9.04 Each child receives support from foster parents and foster care workers regarding identity development in the areas of culture, race, ethnicity, language, religion, and sexual orientation.
- FC 3 Families participate in the development and ongoing review of service plans that are the basis for delivery of appropriate services and support.
- FC 3.05 The service plan addresses, as appropriate:
  - a. unmet service and support needs;
  - b. maintaining and strengthening relationships; and
  - c. the need for support of the family's informal social network.
- FC 3.08 The foster care worker and a supervisor, or a clinical, service, or peer team review the case quarterly to assess:
  - a. service plan implementation;
  - b. the family's progress toward achieving service goals and desired outcomes; and
  - c. the continuing appropriateness of the agreed upon service goals.

- FC 4.01 The child and family collaborate with providers, foster parents, and the public authority to develop a permanency plan within 30 days of placement, which specifies the permanency goal(s) and activities that support the achievement of:
- a. reunification;
  - b. adoption;
  - c. guardianship; and/or
  - d. another permanent planned living arrangement.
- FC 4.03 The child, parents, caregivers, foster parents, and relevant professionals participate in a quarterly administrative review of the permanency plan to assess:
- a. the appropriateness of continued placement away from the family;
  - b. constructive parent, child, and sibling visitation;
  - c. efforts to reunify the child with his/her family and progress toward permanency;
  - d. possible placement resources and best options; and
  - e. appropriateness of services.
- FC 17.06 Foster care workers maintain a manageable workload, and cases are assigned according to a standardized system that takes into consideration:
- a. the qualifications and competencies of the worker and the supervisor;
  - b. the complexity and status of the case;
  - c. service elements provided by other professionals or team members; and
  - d. other organizational responsibilities.
- FC 12.05 Current information about the child's placement is available to authorized personnel at all times.  
*Response: The Department is not held to this standard by COA and should not be included here.*

### III.B: MENTAL HEALTH

**GOAL 1:** Each child in the custody of DCFS shall have an initial physical and mental health screening within 30 days of entry into care.

**Outcome 1:** The immediate and urgent medical and mental health needs, as well as any communicable diseases, will be determined by an appropriate health professional through an initial health screen for each child who enters DCFS custody.

**Benchmarks:**

1. CA will have a panel-approved plan for initial health screens for children entering out-of-home care by 6/30/07
2. Children entering out-of-home care will have initial health screens within 72 hours of entering care:

For 2008, 50% will have initial health screens in 72 hours	6/30/09
For 2009, 75% will have initial health screens in 72 hours	6/30/10
For 2010, 95% will have initial health screens in 72 hours	6/30/11

*Response:* We suggest changing the wording to “72 hours **excluding Saturdays, Sundays and holidays**”, which is consistent with the state statute requiring Shelter Care hearings after the removal of the child. RCW 13.34.060. This takes into consideration the fact that Social Work staff may not be available on weekends and holidays, nor may there be available facilities or providers to conduct the screenings. This Benchmark may be costly for the Department to implement and measure.

#### Child Welfare League of America (CWLA) Standards for Health Care Services for Children in Out-of-Home Care (1988)

All children should have an initial health evaluation before placement, if possible, but in any event, no later than 24 hours following placement. This initial evaluation should be used to identify any health problems that might determine the selection of a suitable placement, or require immediate attention. The initial preplacement evaluation should be performed as a protection for the child, as well as other children with whom the child may be placed. The initial evaluation should be provided by health professionals who are knowledgeable about both child health and development, and out-of-home care. This may include a physician qualified in child health, or a nurse practitioner, or a physician assistant under the supervision of a physician. The evaluation should be conducted in the least traumatic environment for the child.

**COA Standard FC 2.03** Each child entering foster care receives an initial health screening within 72 hours of entry into care to identify the need for immediate medical or mental health care and assess for infections and communicable diseases.

4

**Action Steps:**

1. The Department will develop a plan for achieving and tracking Outcome 1 and meeting COA standard FC 2.03 for children to receive an initial health screen within 72 hrs of entering out-of-home care.

*Response:* We suggest changing the wording to “72 hours **excluding Saturdays, Sundays and holidays**”.

The plan will include, at a minimum:

- assessment of current practices (9/30/06)
- description of the screening process (e.g., identification of needs within 72 hours of entering care, location for screenings, elements of the screenings, who may

conduct screenings, criteria for referring children who need immediate care or services)

- implementation strategies - Regional and field offices will work with community-based health/mental health providers, agencies, foster parents, birth parents, and tribes to develop implementation strategies. Different solutions may be pursued in different locales, e.g., screening may be offered by different health professionals (DCFS nurses, nurse practitioners) and in different locations (public health department, emergency rooms, private doctors' offices)
- anticipated costs, potential funding strategies, and availability of professional resources

2. The plan for achieving Outcome 1 will be submitted to the Panel for review and approval. (3/30/07)
3. The Department will begin to implement initial health screens. (10/30/07)
4. The Department will track implementation to ensure that each child who enters out-of-home care receives an initial health screen. (begin 10/07 — continuous tracking)

**Outcome 2:** Within 30 days of entering out-of-home care, each child's functioning in five life domains (physical/medical, education, family/social, developmental, and emotional/behavioral-including substance abuse behaviors when applicable) will be screened, and a plan for meeting his/her needs will be developed.

**Benchmarks:** 1. Children in out-of-home care 30 days or longer will have completed and documented CHET screens within 30 days of entering care:

For 2005, CA will determine the % of children with CHET screens completed in 30 days	6/30/06
For 2006, 90% will have completed CHET screens	6/30/07
For 2007, 95% will have completed CHET screens	6/30/08

2. Children in out-of-home care will have EPSDT exams completed within 30 days of entering care:

For 2005, CA will determine the % of children with EPSDT exams completed in 30 days	6/30/06
For 2006, 90% will have completed EPSDT exams	6/30/07
For 2007, 95% will have completed EPSDT exams	6/30/08

3. Children in out-of-home care will have CHET Shared Planning Meetings\* within 60 days of entering care:

*Response: The Department would like to change the wording in BM 3, 4 & 5 to be more consistent with the intent of the Shared Planning meetings. "Children in out-of-home care will have Shared Planning Meetings that include a CHET staffing within 60 days of entering care."*

For 2005, CA will determine the % of children with CHET Shared Planning Meetings completed in 60 days	6/30/06
For 2006, 90% will have Shared Planning meetings	6/30/07
For 2007, 95% will have Shared Planning meetings	6/30/08

4. Children age 12 and above will attend the CHET Shared Planning Meetings:  
For 2005, CA will determine the % of children who attended their

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\* Formerly called CHET Staffings

	Shared Planning Meetings	6/30/06
	For 2006, 90% will attend	6/30/07
	For 2007, 95% will attend	6/30/08

*Response: The Department would like to reiterate that we cannot make these youth attend. We would like the Panel to phase this in as we develop a baseline and determine what will be needed to increase participation. There is no electronic measurement available.*

5. One or more of the following will attend the CHET Shared Planning Meeting held within 60 days of entering care for each child - caregivers, birth parents/legal guardians, tribal representatives (when applicable) and children's representatives:

For 2005, CA will determine what % attended	6/30/06
For 2006, 95% will attend	6/30/07
For 2007, 100% will attend	6/30/08

6. Caregivers, birth parents, tribal representatives (when applicable) and children's representatives will receive a copy of the CHET screening report and recommendations from the Shared Planning Meeting

For 2005, CA will determine what % received copies	6/30/06
For 2006, 90% will receive copies	6/30/07
For 2007, 95% will receive copies	6/30/08

*Response: There is no electronic measurement available. We suggest adding "mental health professional (when applicable) to the list those receiving the report.*

7. Children under age three, identified with concerns about developmental delays in the CHET screening, will be referred to ITEIP within 2 days:

For 2005, CA will determine what % were referred within 2 days	6/30/06
For 2006, 90% will be referred	6/30/07
For 2007, 95% will be referred	6/30/08

*Response: There is no electronic measurement available.*

8. CA will develop and implement a panel-approved plan to review and ensure the quality of the CHET process:

Complete the plan for quality review	12/30/06
Panel completes review and approval of CA plan	3/30/07
CA begins implementation of quality review	9/30/07

*Response: There is no electronic measurement available.*

**Action Steps:** 1. The Department will develop, and submit to the Panel for approval, a plan to review and ensure the quality of the CHET process by 12/30/06.

2. The plan to review and ensure quality of the CHET process will address issues such as:

- timeliness of completing CHET screens
- timely receipt of educational records
- well-child EPSDT exams completed within 30 days
- use of data/information on a child that is received after the Shared Planning Meeting occurs
- inclusion of parents, caregivers, youth (age 12 and over), tribal representatives (when applicable) and children's representatives in the CHET Shared Planning Meetings, and in developing Action Plans
- determining whether CHET recommendations are followed and services are received

*Response: The Department would like to change the wording of CHET Shared Planning Meetings to Shared Planning meetings that include a CHET staffing.*

3. The Department will begin implementation of the quality review process by 9/30/07.

**GOAL 2: Plans to meet the special needs of children in the custody of DCFS will be included in child's ISSP.**

**Outcome 1:** The findings from all screenings and assessments of children will be used to develop and implement a service plan (the ISSP) for every child in care and to update the plan at least every six months.

*Response: For all the Benchmarks for Outcome 1, there is no electronic measurement available. This would have an impact on workload and resources to measure.*

- Benchmarks:**
1. Children will have documented health and education plans in their ISSPs within 60 days of placement.
 

For 2005, CA will determine the % of children with plans in the ISSP	6/30/06
For 2006, 90% will have plans in the ISSP	6/30/07
For 2007, 95% will have plans in the ISSP	6/30/08
  2. Children will have updated health and education plans every six months. These plans will be discussed/shared with caregivers, birth parents, tribal representatives (when applicable), children over age 12, and children's representatives, except when this would be in conflict with existing state law:
 

For 2005, CA will determine the % of children with updated plans	6/30/06
For 2006, 90% of children will have updated plans	6/30/07
For 2007, 95% of children will have updated plans	6/30/08
  3. ISSPs will meet COA service plan standards (FC 3.01 - FC 3.08, S21.2.02, S21.2)
 

For 2006, 90% of those in the sample case review will meet standards	6/30/07
For 2007, 95% of those in the sample case review will meet standards	6/30/08

- Action Steps**
1. CA will ensure that each child has, within 60 days of placement, a documented health and education plan in the ISSP that covers their physical health, mental health (including any substance abuse issues noted) developmental, education and cultural needs and services. (by 12/30/06)
  2. CA will ensure that the health and education plan for each child is updated minimally every 6 months, in accordance with the Department's administrative review process. Changes in the plans will be discussed and shared with caregivers and birth parents. (by 12/30/06)
  3. The Department will develop, and encourage Juvenile Court Judges to use, a checklist for each court review to prompt the Court to seek information on whether or not the physical health, mental health, substance abuse, educational and cultural needs of dependent children are being met. (KCFII 17.1.8)
 

Complete checklist	9/30/05
Orient Staff to checklist	10/30/05
Implement field utilization and court review	12/30/05

*Response: The Department recommends that the court review after the checklist is completed and before implementation. There is no electronic measurement available.*

**Proposed COA standards** for foster care services (FC 3.01 - FC 3.08, S21.2.02, S21.2.05). These standards ensure that families, foster parents, caregivers and age appropriate youth participate fully in the development and ongoing review of service plans; that the plans reflect the child and family's unique strengths and needs; that options and goals are understood by all; that service plans are the basis for the delivery of appropriate services and support; and that progress is reviewed on a regular basis at times when the parties may be present.)

**GOAL 3:**        **Children in the custody of DCFS shall receive timely, accessible, individualized and appropriate mental health assessments and treatment by qualified mental health professionals consistent with the child's best interest.**

**Outcome 1:**    Each child who needs a comprehensive mental health assessment will receive one.  
*Response:*        *The equivalent Medicaid State Plan modality for "comprehensive mental health assessment" is the "intake evaluation." We suggest changing the language for consistency to "comprehensive intake evaluation."*

**Benchmarks:** 1. Children entering out-of-home care, who are identified by the CHET screening as needing a comprehensive mental health assessment, will receive one **within 45 days entering care:**

*Response:*        *We suggest using "intake evaluation" in place of mental health assessment or assessment, throughout this benchmark.*

For 2005, CA will determine the % of children with assessments within 45 days	6/30/06
For 2006, 90% will have assessments within 45 days	6/30/07
For 2007, 95% will have assessments within 45 days	7/30/08

2. Comprehensive mental health assessments for children already in placement will be provided within 30 days of a request for assessment<sup>†</sup>.

For 2005, CA will determine the % of requests met within 30 days	6/30/07
For 2006, 90% of requests will be met within 30 days	6/30/07
For 2007, 95% of requests will be met within 30 days	6/30/08

*Response:*        *Neither CA nor MHD is able to electronically measure this.*

3. Children with emergent needs will be seen for crisis intervention with relevant assessment within 2 hours<sup>‡</sup>.

*Response:*        *We suggest adding to the end of the sentence "of initial contact and request for outreach."*

For 2006, 90% of the sample case review will be seen within 2 hours	6/30/07
For 2007, 95% of the sample case review will be seen within 2 hours	6/30/08

*Response:*        *Neither CA nor MHD is able to electronically measure this.*

4. Children with urgent needs will be seen for crisis intervention with relevant assessment within 24 hours.

*Response:*        *We suggest adding to the end of the sentence "of initial contact and request for outreach."*

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<sup>†</sup> A request for assessment may come from children who self identify or are identified by their caregiver, parent, social worker, medical provider, or through a valid screening mechanism, as needing one.

<sup>‡</sup> Children with emergent and urgent needs will be seen within 2 hours and 24 hours of the request, respectively, in accordance with expectations set forth in 42CFR438.206(c)(1).

For 2006, 90% of the sample case review will be seen within 24 hours 6/30/07  
 For 2007, 95% of the sample case review will be seen within 24 hours 6/30/08  
*Response: Neither CA nor MHD is able to electronically measure this*

5. Children in out-of-home care will be screened for mental health needs every 12 months<sup>§</sup>.

For 2005, CA will determine the % screened every 12 months 6/30/06  
 For 2006, 90% will be screened every 12 months 6/30/07  
 For 2007, 95% will be screened every 12 months 6/30/08  
*Response: Neither CA nor MHD is able to electronically measure this.*

6. Assessment results are shared with parents, caregivers, tribal representatives (when applicable), and children's representatives, except when this would be in conflict with existing state law.

For 2006, they will receive the results in 90% of the sample cases reviewed 6/30/07  
 For 2007, they will receive the results in 95% of the sample cases reviewed 6/30/08  
*Response: CA is unable to electronically measure this.*

**COA Standard FC 10.04** Qualified professionals provide the child with age-appropriate health services including:

- a. medical examinations according to well child guidelines;
- b. dental examinations every 6 months;
- c. developmental, mental health, and alcohol and drug screenings within 30 days after entry into care and when indicated to identify the need for further diagnostic assessment; and
- d. needed therapeutic, and treatment services.

**Action Step:** 1. Foster children's mental health needs will be periodically reassessed by mental health professionals, as indicated in their EPSDT or other relevant evaluation (KCF II 17.1.7)

- Revise policy and procedures to include requirement for periodic re-assessment (3/05)
- CA Management reviews and approves process (6/05)
- Orient staff to new policy requirement (9/05 – 12/05)
- Implement new policy (12/05)

**Outcome 2:** Each child who needs comprehensive mental health/substance abuse services will receive the appropriate services.

*Response: The Department agrees with Outcome as long as Substance Abuse is tied to MH (co-occurring). We recommend the following language be added after "Each child, who has a co-occurring mental health and substance abuse issue, and needs a comprehensive..."*

**Benchmarks:** 1. Children will receive services from a qualified mental health/substance abuse service provider within 30 days of the completion of an assessment recommending services.

For 2005, CA will determine the % of children who receive services within 30 days 6/30/06  
 For 2006, 90% will receive services within 30 days 6/30/07  
 For 2007, 95% will receive services within 30 days 6/30/08  
*Response: The Department may not be able to measure this.*

<sup>§</sup> Screening may occur during annual EPSDT exams or by using another valid mental health screening instrument.

2. Children with emergent or urgent needs will be served within the timeframes indicated in their assessments:

For 2006, 95% will be served within the timeframes	6/30/07
For 2007, 100% will be served within the timeframes	6/30/08

*Response: The use of 100% is problematic, as has been discussed at the Panel meetings previously. Holding the Department to a 100% standard is setting the Department up to fail, as there are always exceptions to an issue.*

3. CA will conduct a survey to determine whether parents, foster parents, extended family, pre-adoptive parents and tribal representatives participate in planning and decision making; feel supported during a crisis; participate in clinical staffings and receive notice when their child is denied assessment or services:

Complete and conduct survey	07/31/08
Panel reviews survey results	10/31/08
Panel creates new action steps (if needed) based on survey results	10/31/08
CA implements new action steps (if any)	04/01/09

4. Children experiencing a crisis (mental health or substance use disorder) will receive **crisis intervention services**

*Response: We suggest adding "when requested" to the end of the sentence. The use of mental health or substance abuse needs to be co-occurring; otherwise this is outside the scope of the agreement.*

For 2005, Department will determine the % of children in crisis who received appropriate services	6/30/06
For 2006, 90% of children in crisis will receive services	6/30/07
For 2007, 100% of children in crisis will receive services	6/30/08

*Response: The use of 100% is problematic, as has been discussed at the Panel meetings previously. Holding the Department to a 100% standard is setting the Department up to fail, as there are always exceptions to an issue.*

*There is no electronic measurement available and it appears difficult to monitor. It is unclear how the number of children "in crisis" will be determined and what will determine whether the services were "appropriate".*

5. Clinical staffings will be held by the RSN and DCFS to develop an appropriate alternative plan for any child who is denied assessments or services by community-based mental health service providers.

*Response: We suggest changing the wording to "for any child who is denied a comprehensive intake evaluation or is denied treatment based on a comprehensive intake evaluation."*

For 2005, CA will determine the % of children denied services who had clinical staffings	6/30/06
For 2006, 90% of children denied will have staffings	6/30/07
For 2007, 100% of children denied will have staffings	6/30/08

*Response: The use of 100% is problematic, as has been discussed at the Panel meetings previously. Holding the Department to a 100% standard is setting the Department up to fail, as there are always exceptions to an issue.*

*There is no electronic measurement available.*

- Action Steps:** 1. CA will ensure that birth parents, foster parents, extended family, pre-adoptive parents, tribal representatives (when applicable), and children's representatives will be invited to participate in planning and decision-making regarding mental health services for their children (including staffings that are held when children are denied assessments or services by a provider), except when this would be in conflict with

existing state law or clinically contraindicated. Such exceptions will be documented in the ISSP. (by 12/30/06)

*Response: We suggest changing language as follows: "... (including staffings that are held when children are denied **intake evaluations or treatment**), except when this would be in conflict..."*

2. The Department will ensure that:
  - each child who experiences a crisis related to mental health or substance use disorders will have access to crisis intervention services through the 24-hour mental health crisis hotline. (by 6/30/06)
  - all foster parents and caregivers are informed about how to access the 24-hour mental health crisis hotline (by 6/30/06)
  - any non-mental health calls will be referred to the foster parent after hours support line (by 6/30/06)
3. The Department will provide notice to the child, child's caregiver, child's parent (when appropriate), tribal representative (when applicable) and child's representative of their right to request an administrative review of any denial or undue delay of an assessment or a service (6/30/06)

**Outcome 3:** Children and youth from diverse racial and ethnic minority backgrounds (e.g., African American, Native American, Latino youth) will have access to the same level and quality of services as those provided for all children in DCFS custody.

**Benchmarks:**

1. The department will develop a process to assess services and outcomes for children from diverse racial and ethnic backgrounds.	
The department and plaintiffs recommend to Panel the services and outcomes to track (by region)	6/30/06
Panel reviews tracking plan	9/30/06
CA begins tracking	12/30/06
First tracking report completed	12/30/07
Panel review first report and set baselines and benchmarks for each ethnic minority group	3/30/08
Dissemination of report statewide	6/30/08

*Response: The Department is unable to electronically measure this.*

**COA Standard** CPS 7.03 Assessments are conducted in a culturally responsive manner to identify resources that can increase service participation and success.

**Action Step:** 1. The Department will ensure that translation and interpretation services, or providers who speak the language of the child or parent, will be available for all children, their parents and other caregivers who need such assistance in order to benefit from mental health services. Children will not be asked to serve as interpreters for their parents or other family members. (by 6/30/07)

*Response: The Department is unable to electronically measure this.*

**Outcome 4:** The Department will identify and address service gaps and system problems, develop service arrays and use evidence-based models of service, where applicable, so that all children will have better access to appropriate mental health and substance abuse treatment services.

*Response: The Department agrees with Outcome as long as Substance Abuse is tied to MH (co-occurring). We recommend the following language be added after "... all children, **who have co-occurring mental health and substance abuse issues, will have better...**"*

*Considerable resources will be needed because of the addition of the wording – "**develop service arrays**".*

**Benchmarks:** 1. Annual reassessments of the status of behavioral health services for children in foster care will be completed and used by the Department to establish plans and set timeframes for promoting positive practices and addressing deficiencies within regions that need to improve performance. The reassessments and plans will be based in part on data collected; direct feedback from children, parents, and caretakers; and reports generated through the Action Steps for this Outcome and other areas of the Settlement Agreement.

For 2006, plan will be published	6/30/07
For 2007, plan will be published	6/30/08
For 2008, plan will be published	6/30/09
For 2009, plan will be published	6/30/10
For 2010, plan will be published	6/30/11

**Action Steps:** 1. Improve availability and utilization of regional medical consultants. (KCF II 16.2.1) (originally 16.1.4)

• Identify clear roles and responsibilities of regional medical consultants	12/04
• Provide regional medical consultant for each region (.5 FTE/region)	5/05
• Communicate to staff about roles and responsibilities of medical consultants and how to access their services	6/05
• Review utilization history to determine how to increase effectiveness of consultants with lower utilization rates	6/30/06

2. In collaboration with community partners, utilizing Pre-Passport and Passport profiles or any successor model (CHET), CA will identify regional service gaps and create plans to fill gaps through maximizing and developing local resources. (KCF II 16.1.4) (originally 17.1.2)

• Establish regional workgroups	12/04
• Workgroups report out recommendations and plans	6/05
• Regional management teams review plans and approve recommendations	9/05
• Begin implementation of approved portions of regional plans	10/05

3. Implement newly developed agreements with each Regional Support Network. (KCF II 17.1.4)

• MOU between CA and Mental Health	
• Access to care standards	
• In coordination with regional offices, establish schedule for informational sessions	10/04
• Develop materials for sessions	3/05
• Begin implementation of schedule for informational sessions	5/05
• Conduct informational sessions on agreements in every region with particular focus on foster parents	12/30/05

4. The Department's contracts for community-based mental health services will specify that failure to assess or serve children in foster care within required timeframes will require documentation to the Mental Health Division and the Children's Administration. This documentation will be reviewed by the Department to determine if the contract language needs clarification for the Settlement goals to be accomplished. The Department will provide a summary to the Panel on a quarterly basis about the number of denials by RSN and the reasons for those denials.

• Begin quarterly reporting to Panel	6/30/06
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5. For children who are not eligible for assessment and/or treatment services within Medicaid Standards of Care, the department (CA and MHD) will identify and implement strategies to provide assessments and treatments for these children.

*Response: We suggest changing the language to “will identify and implement strategies to provide alternative plans.” to be congruent with Outcome 2, Benchmark 5.*

6. Implement Shared Planning Policy
  - Increase utilization of Shared Planning Meetings to identify child and family needs and connect to services and resources.
  - Review and report on progress to Panel quarterly

6/30/06  
begin 9/30/06

*Response: The Department is unable to electronically measure this.*

**GOAL 4: Continuity of treatment providers will be maintained, except when it is not in the best interest of the child.**

**Outcome 1:** Each child with documented receipt of two or more mental health treatment encounters shall receive services from the same individual provider, to the greatest extent possible, for each episode of mental health treatment (from admission to discharge), unless this is not in the child’s best interest.\*\*

**Benchmarks:** 1. Each child will receive mental health services from the same individual provider:

For 2006, 75% of those in the sample case review will be served by the same provider	6/30/07
For 2007, 85% of those in the sample case review will be served by the same provider	6/30/08
For 2008, 95% of those in the sample case review will be served by the same provider	6/30/09

**Action Steps:** 1. The Department will work with RSNs to develop and implement policy that discourages assigning short-term interns as the primary treatment providers for children in foster care.

Develop the policy and share it with the Panel	9/06
Panel review and approve policy	12/06
Implement the policy	3/07

2. The Department will explore and implement strategies for increasing the likelihood that a child in foster care will have the same individual provider for the course of his/her mental health care.

Explore strategies used in WA and other states	09/06
Discuss potential strategies with Panel	12/06
Implement agreed upon strategies	Begin 3/07

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\*\* This outcome is intended to ensure that the mental health treatment process does not contribute to the lack of continuity and stability that children in the class generally experience. A change in treatment providers should only occur when it is clinically indicated, e.g., a child’s needs or diagnosis changes and he/she needs a therapist with different expertise; a child asks to change providers. Administrative reasons for changing therapists (e.g., assigning short-term interns as therapists, transferring child due to therapist’s high caseload, payment issues, etc.) are not acceptable reasons for changing treatment providers. This outcome is not intended to discourage the use of clinical teams when the type of service being provided calls for clinical team work.

**State Law**

RCW 74.14A.025, 74.14A.050

**COA Standards:**

FC 10.01 Health care services are coordinated for each child to ensure:

- a. continuity of care;
- b. receipt of comprehensive healthcare services;
- c. appropriate communication among health care providers; and
- d. foster parents and families receive needed information and support.

BSM 2.05 A behavior support plan is based on assessment results and:

- a. identifies strategies that will help the person to de-escalate and prevent harassing, violent, or out-of-control behavior;
- b. specifies which interventions may or may not be used;
- c. is modified as necessary; and
- d. is developed and signed by the person, his/her parent or legal guardian, and the foster parent or personnel, as appropriate.

FC 12.05 Current information about the child's placement is available to authorized personnel at all times.

*Response: The Department is not held to this standard by COA and it should not be included here.*

FC 11.06 Formal agreements are established with:

- a. mental health facilities, medical institutions including neonatal and pediatric facilities, and other rehabilitation service providers to ensure the availability of requisite medical and mental health services; and
- b. a board-certified physician or psychiatrist with pediatric experience.

*Response: The Department is not held to this standard by COA and it should not be included here.*

FC 3.07 An expedited service-planning process is available when crisis or urgent need has been identified, and service plans are completed within timeframes established by the organization.

FC 3.08 The foster care worker and a supervisor, or a clinical, service, or peer team review the case quarterly to assess:

- a. service plan implementation;
- b. the family's progress toward achieving service goals and desired outcomes; and
- c. the continuing appropriateness of the agreed upon service goals.

### III.C: FOSTER PARENT TRAINING AND INFORMATION

**GOAL 1:** Caregivers shall be adequately trained, supported and informed about children for whom they provide care so that the caregivers are capable of meeting their responsibilities for providing for the children in their care.

*Response: If unlicensed caregivers are included, language needs to be added to the Outcomes, such as “unlicensed caregivers will be offered accessibility and the opportunity to participate in training”. The Department can not legally require unlicensed caregivers to take training as a precondition for placement. Additionally, attempting to require unlicensed caregivers to complete training may have a negative impact on the relative placement rate.*

**Outcome 1:** Topic under review: Caregivers receive detailed information about children in their care.

**Outcome 2:** The percentage of foster and relative caregivers annually reporting adequate training for their role responsibilities (including management of emotional and behavioral problems, educational advocacy, and strategies for engagement with birth parents and cultural competency skills) will significantly improve over the settlement period.

**Benchmarks:** A point-in-time baseline during the six months from July through December, 2006 will establish the percentage of foster and relative caregivers reporting their experience with training for their role responsibilities (including management of emotional and behavioral problems, educational advocacy, and strategies for engagement with birth parents).

The percentage of foster and relative caregivers reporting overall adequate training for their role responsibilities (including management of emotional and behavioral problems, educational advocacy, and strategies for engagement with birth parents) will yearly increase by 10% until a 90% benchmark is reached. The rate of change is subject to adjustment by the Panel if the completed baseline indicates a more appropriate rate.

Panel sets baseline	12/01/06
10% over baseline	12/01/07
10% over 2007	12/01/08
10% over 2008	12/01/09
10% over 2009	12/01/10
10% over 2010	12/01/11

**Outcome 3:** The percentage of foster and relative caregivers annually reporting adequate support for their role responsibilities (including crisis support, timely notification about case planning meetings, and cultural competency resources) will significantly improve over the settlement period.

**Benchmarks:** A point-in-time baseline during the six months from July through December, 2006 will establish the percentage of foster and relative caregivers reporting support for their role responsibilities (including crisis support and timely notification about case planning meetings).

The percentage of foster and relative caregivers reporting adequate support for their role responsibilities (including crisis support, detailed information about children being placed in their care, and timely notification about case planning meetings) will yearly increase by 10% until a 90% benchmark is reached. The rate of change is subject to adjustment by the Panel if the completed baseline indicates a more appropriate rate.

Panel sets baseline	12/01/06
10% over baseline	12/01/07
10% over 2007	12/01/08
10% over 2008	12/01/09

10% over 2009	12/01/10
10% over 2010	12/01/11

<b>COA Standard</b> FC 15.10 An annual evaluation is conducted with each foster family to identify areas of strengths and concern, and plan how to address any needs identified for support or training.
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**GOAL 2:**      **The Department shall offer and provide accessible pre-service and in-service training to all caregivers sufficient to meet the caregiving needs of children in placement.**

**Benchmarks:** 1. A one-year baseline for 2005 will be established for the yearly number of hours of in-service for foster parent. Baseline reports for the monitoring period will include separate tabulations for licensed caregivers and relative, unlicensed caregivers.

The average number of hours of in-service training for foster parent and relative caregivers will increase yearly by 4 hours over baseline. The rate of change is subject to adjustment by the Panel if the completed baseline indicates a more appropriate rate.

Panel sets baseline	06/01/06
4 hours over baseline	06/01/07
4 hours over 2007	06/01/08
4 hours over 2008	06/01/09
4 hours over 2009	06/01/10
4 hours over 2010	06/01/11

*Response: This Benchmark is confusing since the Department already requires 36 hours of in-service training over a 36 month period, which is addressed in the Benchmark below.*

*We can not force unlicensed relatives to take training and unintended consequences may result if non-licensed relatives were required to take training.*

2. A one-year baseline for 2005 will be established for the percentage of foster parents completing 36 hours of in-service training for each three-year period. Baseline reports for the monitoring period will include separate tabulations for foster and relative caregivers, licensed and unlicensed caregivers.

*Response: The Panel agreed to take out language referring to unlicensed caregivers, which it did in the first sentence. We believe there was an oversight and the reference to unlicensed caregivers in the second sentence should also be eliminated.*

The percentage of foster parents completing 36 hours of in-service training for each three-year period will increase yearly by 10% hours over baseline. The rate of change is subject to adjustment by the Panel if the completed baseline indicates a more appropriate rate.

Panel sets baseline	06/01/06
10% over baseline	06/01/07
10% over 2007	06/01/08
10% over 2008	06/01/09
10% over 2009	06/01/10
10% over 2010	06/01/11

Change in wording of Action Step 5: propose to replace current language with KCF II language "Develop and provide training for staff, foster parents, community partners and contracted providers on engaging families, relatives, and fathers."

**New Action Step:** The Children's Administration will contract with the Social and Economic Sciences Research Center (SESRC) at Washington State University to develop and conduct an

independent, statistically valid, anonymous survey of foster parents and relative caregivers that is conducted annually concerning all areas of the Settlement related to caregiver's work with the children and associated outcomes and action steps. The SESRC shall consult with the Panel, the Washington State Foster Parent's Association, the CA Youth Advisory Group, the foster parent liaison staff in CA, and a group of five DCPS staff in developing the protocol.

*Response: This will be a considerable resource issue for the Department. It is unclear what "protocol" means in this Action Step.*

**Benchmarks:** Development of full protocol 04/30/06  
Review and Approval by Panel 06/30/06

Action Steps	Details
1. Implement statewide after-hours crisis support line for foster parents and other caregivers	<p>KCF II 6.2.1 (originally 23.1.3)</p> <p>Implement statewide after hours support crisis line for foster parents and caregivers</p> <ol style="list-style-type: none"> <li>Review current models for after hours support already in existence and develop strategies to take statewide (9/04)</li> <li>Develop program criteria (9/04)</li> <li>Hire and provide training to staff operating the program (11/04)</li> <li>Communicate with staff, caregivers and community partners (12/04)</li> <li>Create and provide "crisis cards" to foster parents (12/04)</li> <li>Implement program (5/05)</li> <li>Initiate quarterly progress reports to the field (9/05)</li> </ol>
2. Develop and implement cross-training between foster parents and staff	<p>KCF II 22.1.2</p> <p>Develop and implement cross-training between foster parents and staff (e.g., teamwork, problem resolution)</p> <ol style="list-style-type: none"> <li>Develop training curriculum (9/04-12/04)</li> <li>Pilot training (1/05-2/05)</li> <li>Provide statewide training to social workers and foster parents (3/05-9/05)</li> </ol>
3. Require written notification to licensed foster parents and relative caregivers and provide support to increase their participation in meetings, staffings and hearings involving planning for children in their care	<p>KCF II 22.2.2* (originally 22.1.3)</p> <p>Require notification to all resource families and provide support to increase participation and provide input in all meetings, staffings (including CPT's) and hearings involving planning for the children in their care</p> <ol style="list-style-type: none"> <li>Establish policy workgroup, including CATS, to draft recommended policy revisions, including the automated process for notification, the tools for how that notification is to be conducted, and where notification is to be documented. Policy workgroup will further draft the cover letter for the ISSP which specifies date of hearing and definitions of "right to be heard" and "input" (12/04)</li> <li>Work group reports out draft recommendations (3/05)</li> <li>Begin development of an electronic process for tracking notification to foster parents of court hearings (4/05)</li> </ol>

	<ul style="list-style-type: none"> <li>d. CA Management reviews and approves recommendations (4/05)</li> <li>e. Provide orientation to all resource families and staff (5/05-8/05)</li> <li>f. Implement policy statewide (9/05)</li> <li>g. Implement electronic system changes statewide (10/05)</li> <li>h. Establish baseline for notification compliance and set performance measure (12/05)</li> <li>i. Initiate six month reports to the field on levels of compliance and participation (6/05)</li> </ul>
4. Implement RFP for providing statewide crisis support and other immediate support for licensed foster parents and relative caregivers	<p>KCF II 23.1.1* (originally 23.1.2)</p> <p>Implement the RFP for providing statewide foster parent support and recruitment</p> <ul style="list-style-type: none"> <li>a. Complete regional recruitment needs assessments (8/04)</li> <li>b. Develop recruitment performance expectations for contracts (8/04)</li> <li>c. Finalize Recruitment and Retention RFP (includes regional, minority, sibling groups, adolescents and children with special needs) (9/04)</li> <li>d. Issue Recruitment and Retention RFP (9/04)</li> <li>e. Review and select proposals (11/04)</li> <li>f. Concurrently develop implementation and communication plans (11/04)</li> <li>g. Begin implementation of regional/statewide contracted recruitment &amp; retention services contracts (1/05)</li> <li>h. Orientation of staff and caregivers to regional/statewide contracted support services (first stage implementation) (1/05)</li> <li>i. Review every six months (7/05)</li> </ul>
5. Provide training for licensed foster parents and relative caregivers on policy revisions and engaging families and children	<p>KCF II 4.2.3* (originally 13.1.1c)</p> <p>Develop and provide training for staff, foster parents, community partners and contracted providers on engaging families, relatives and fathers</p> <ul style="list-style-type: none"> <li>a. Establish planning group to develop training curriculum and training schedule (9/04)</li> <li>b. Complete development of training curriculum and publish training schedule (12/04)</li> <li>c. Provide regional based training to contract provider staff (1/05-4/05)</li> </ul>
6. DLR licensors develop and implement annual assessment and development plans for foster parents, and relative caregivers utilizing feedback and input from DCFS workers	<p>KCF II 6.2.5 (originally 23.1.6)</p> <p>DLR Licensors develop and implement annual assessment and development plans for foster parents, utilizing feedback and input from DCFS workers</p> <p>The following benchmarks were subject to 2005 budget request:</p> <ul style="list-style-type: none"> <li>a. Workgroup develops evaluation tool and procedures (1/05-3/05)</li> <li>b. Establish evaluation schedule and monitoring system</li> </ul>

	(6/05) c. Budget appropriations (7/05) d. Train licensing staff (7/05) e. Orientation for staff and foster parents (8/05) f. Begin annual evaluations (9/05) g. Complete cycle of evaluations (9/07) h. Report annually (9/06, 9/07)
7. Develop and implement a policy requiring ongoing training for licensed foster parents	KCF II 40.2.1 Develop and implement a policy requiring ongoing training for caregivers including engagement training as identified in section 14.3.1 a. Workgroup develops policy recommendations (10/04) b. CA Management reviews and approves recommendations (11/04) c. Adjust learning system data base to track compliance with policy requirements (12/04) d. Communicate policy to staff and caregivers (12/04) e. Implement policy (1/05) f. Initiate quarterly progress reports to the field (6/05)
8. Licensed foster parents and relative caregivers shall be provided with the results and recommendations of all of the Department's screenings and assessments, including the Pre-Passport or its successor, for children placed in their home five days after its completion, unless expressly limited by law or a child's lawful assertion of confidentiality. Licensed foster parents and relative caregivers shall be provided a copy of the child's passport or its successor at the time of placement but no later than five days after its completion, unless expressly limited by law or a child's lawful assertion of confidentiality.	KCF II 16.3.1, 16.3.2  16.3.1 Provide licensed foster parents and relative caregivers with child's Passport at time of placement or not later than five days after completion a. Workgroup reviews and revised current policy (1/05) b. CA Management reviews and approves policy recommendations (3/05) c. Orient staff and foster parents to new policy (6/05-9/05) d. Implement policy (9/05) e. Evaluate implementation through case review process (1/06) f. Initiate six month reporting (1/06)  16.3.2 Provide licensed foster parents and relative caregivers with results and recommendations of all screenings/assessments for children placed in their home within five days of completion a. Workgroup reviews and revised current policy (1/05) b. CA Management reviews and approves policy recommendations (3/05) c. Orient staff and foster parents to new policy (6/05-9/05) d. Implement policy (9/05) e. Evaluate implementation through case review process (1/06) f. Report out every six months (1/06)
9. Licensed foster parents and relative caregivers will be encouraged and supported to participate in staffings of pre-passports (or successor) for children placed in their homes.	KCF II 22.2.2 (note: this KCF II action step is also referenced in AS 3 of this section)  Require notification to all resource families and provide support to increase participation and provide input in all meetings, staffings (including CPT's) and hearings involving planning for the children in their care a. Establish policy workgroup, including CATS, to draft

	<p>recommended policy revisions, including the automated process for notification, the tools for how that notification is to be conducted, and where notification is to be documented. Policy workgroup will further draft the cover letter for the ISSP which specifies date of hearing and definitions of “right to be heard” and “input” (12/04)</p> <ul style="list-style-type: none"> <li>b. Work group reports out draft recommendations (3/05)</li> <li>c. Begin development of an electronic process for tracking notification to foster parents of court hearings (4/05)</li> <li>d. CA Management reviews and approves recommendations (4/05)</li> <li>e. Provide orientation to all resource families and staff (5/05-8/05)</li> <li>f. Implement policy statewide (9/05)</li> <li>g. Implement electronic system changes statewide (10/05)</li> <li>h. Establish baseline for notification compliance and set performance measure (12/05)</li> <li>i. Initiate six-month reports to the field on levels of compliance and participation (6/05)</li> </ul>
10. Department shall provide appropriate access to respite care for caregivers requesting and needing this service.	<p>KCF II 23.1.4</p> <p>Provide respite to resource families to support placements at risk of disruption and provide appropriate access to respite care for caregivers requesting and needing this service (Refer to 6.1.3 for timelines)</p>
11. The Department shall develop a plan, subject to review and approval of the Panel, for training of unlicensed caregivers	<p>KCF II 40.3.2</p> <p>Develop a plan, subject to review and approval of the Braam Panel, for training of unlicensed caregivers</p> <ul style="list-style-type: none"> <li>a. Establish workgroup to develop plan and estimate costs/resources required (1/06)</li> <li>b. CA Management reviews and approves plan (5/06)</li> <li>c. Plan submitted to Braam panel for review (6/06)</li> </ul>

### State Law

RCW 74.13.310, RCW 13.34.260, RCW 74.13.250, RCW 74.14B.020, RCW 74.13.285

### COA Standards

FC 6.07 Stability is maintained for the child by:

- a. minimizing the number of separations that a child in foster care experiences;
- b. avoiding cyclical placements; and
- c. requiring all parties to provide formal notice at least 14 days in advance of any placement move to smooth a transition.

FC 15.03 The organization determines the appropriate amount of mandatory pre-service and in-service education necessary to ensure foster parents understand:

- a. the organization's mission, philosophy, goals, and services;
- b. the needs of abused and neglected children;
- c. how to prepare other children in the home, and integrating the child into the family;
- d. the importance of culture and ethnicity for children and their families;

- e. the partnership role foster parents play in supporting the family and providing care and protection to the child;
  - f. how to assist with visitation;
  - g. sensitive and responsive practices to use with biological parents; and
  - h. the use of foster care as a temporary intervention.
- FC 15.04 Pre-service training educates foster parents on their rights and responsibilities including:
- a. specific duties of foster parents;
  - b. identification and reporting of abuse and neglect;
  - c. reimbursement for services and compensation for damages caused by children placed in the home;
  - d. notice of and participation in any review or hearing regarding the child;
  - e. complaint and grievance procedures; and
  - f. circumstances that will result in closing a home.
- FC 15.06 Foster parents sign a statement agreeing to refrain from the use of corporal and degrading punishment, and receive training and support to promote positive behavior and implement appropriate discipline techniques.
- FC 15.09 Foster parents have access to services to prevent and reduce foster parent stress and family crisis including:
- a. child care;
  - b. respite care;
  - c. counseling
  - d. peer support; and
  - e. recreational activities.
- FC 17.03 Foster care workers have the competencies and support needed to:
- a. help children and families plan for and adjust to transitions;
  - b. assess risk and protective factors and family strengths and needs;
  - c. facilitate permanency and family connections;
  - d. help parents improve their ability to care for their child;
  - e. evaluate the continued need for placement;
  - f. recruit, evaluate, and develop a collaborative relationship with foster parents; and
  - g. help foster parents provide a safe, nurturing environment.
- KC 9.03 Children receive age appropriate support and education regarding:
- a. sexual development and sexuality;
  - b. pregnancy prevention and responsible parenthood; and
  - c. prevention and treatment of sexually transmitted disease.
- FC 4.01 The child and family collaborate with providers, foster parents, and the public authority to develop a permanency plan within 30 days of placement, which specifies the permanency goal(s) and activities that support the achievement of:
- a. reunification;
  - b. adoption;
  - c. guardianship; and/or
  - d. another permanent planned living arrangement.

### III.D: UNSAFE/INAPPROPRIATE PLACEMENTS

**GOAL 1:** All children in DCFS's custody shall be placed in safe placements.

**Outcome 1:** Children will be placed in care environments licensed and designed for foster children, or with unlicensed relative caregivers. They will not be placed in the prohibited settings of unlicensed, non-relative homes, or institutions where children and adults are co-mingled (e.g. adult mental hospitals or detox facilities), as indicated in the Placement Policy (Final Draft, 11-10-2005).

**Benchmarks:** A one-year baseline for 2005 will be established in the number of children placed in prohibited settings of unlicensed, non-relative homes, or institutions where children and adults are co-mingled (e.g. adult mental hospitals or detox facilities).  
By June 1, 2006

There will be a decrease from baseline 2005 in the number of children placed in prohibited settings of unlicensed, non-relative homes, or institutions where children and adults are co-mingled.

By December 30, 2006 (percentage under review)

*Response:* We request a Benchmark percent of 90% for this measure. The Department is unable to electronically measure this.

**Outcome 2:** Children will be placed in care environments licensed and designed for foster children, or with unlicensed relative caregivers. The number of children who have repeated daily stays at DSHS offices or are placed in apartments or hotels (unless an appropriate licensed foster family or relative caregiver is not available and only with administrative approval and a determination that adequate supervision is provided for the child as indicated in the Placement Policy [Final Draft, 11-10-2005], or youth with Independent Living Plans authorizing such placement) will decrease significantly.

**Benchmarks:** A one-year baseline for 2005 will be established in the number of children who have repeated daily stays at DSHS offices or are placed in apartments or hotels (unless an appropriate licensed foster family or relative caregiver is not available and only with administrative approval and a determination that adequate supervision is provided for the child).

There will be a 25% yearly decrease from baseline 2005 in the number of children who have repeated daily stays at DSHS offices or are placed in apartments or hotels (unless an appropriate licensed foster family or relative caregiver is not available and only with administrative approval and a determination that adequate supervision is provided for the child). The rate of change is subject to adjustment by the Panel if the completed baseline indicates a more appropriate rate.

*Response:* The Department is unable to electronically measure this.

Panel sets baseline	06/01/06
25% under baseline	06/01/07
25% under 2007	06/01/08
25% under 2008	06/01/09
25% under 2009	06/01/10
25% under 2010	06/01/11

**Outcome 3:** Placement of children with sexually or physically assaultive behaviors (under review).

**Outcome 4:** Children will not be placed with foster or kinship caregivers caring for children with sexually or physically assaultive behaviors unless the caregivers have completed the specified training courses for these safety endangering behaviors.

<b>COA Standard</b> FC 11.02 Each child is assessed to determine if they pose a risk to other children in the home or community, and, when risks are identified, the organization works with the foster parents to develop a safety plan.
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**Benchmarks:** A one-year baseline for 2005 will be established for number of children with sexually or physically assaultive behaviors placed in care with caregivers not trained in the specified training courses for these safety endangering behaviors.  
By June 1, 2006.

The number of children with identified sexually or physically assaultive behaviors placed in care with caregivers not trained in the specified training courses for these safety endangering behaviors will decrease by 100%. (Under review: If the child exhibits these behaviors during time in care, the caretaker shall be given training and consultation on appropriate behavioral responses.)  
By December 30, 2006.

*Response:* *The Department is unable to electronically measure this.*

**Outcome 5:** Children who are medically fragile will be placed with caregivers who are connected to appropriate and ongoing medical consultation and training regarding their care-taking responsibilities (under review).

**Outcome 6:** The percentage of children who receive a private and individual face-to-face visit from the case worker at least every 30 days will increase significantly over the settlement period. (Potential narrow exception for youth in BRS placements where frequent staffings occur.)

**Benchmarks:** A one-year baseline for 2005 will be established for number of children receiving a private and individual face-to-face visit from the case worker for each full placement month.

*Response:* *The Department is unable to electronically measure this.*

The number of children receiving a private and individual face-to-face visit from the case worker for each full placement month will increase yearly by 25% over baseline until a 95% benchmark is reached. The rate of change is subject to adjustment by the Panel if the completed baseline indicates a more appropriate rate.

Panel sets baseline	06/01/06
25% over baseline	06/01/07
25% over 2007	06/01/08
25% over 2008	06/01/09
25% over 2009	06/01/10
25% over 2010	06/01/11

<b>COA Standard</b> FC 12.02 The foster care worker regularly communicates with the foster parents and visits the home at least once a month to: a. share all relevant and legally permissible information concerning the child; b. ensure the child is safe, and his or her needs are being met; and c. assess needs and monitor achievement of service plan goals. (See also KC 13.02)
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**GOAL 2:** **The State shall continue to meet or exceed the federal standard for out-of-home care safety measure.**

**Outcome 1:** CA will meet or exceed the federal out-of-home safety standard (.0057) using the appropriate measurement protocol.

**Benchmark:** No benchmark is necessary since standard has been met already and the outcome contains the single necessary benchmark.

Action Steps	Details
<p>1. Increase contact between social worker and family, child and caregivers to at least once every 30 days</p>	<p>KCF II 14.1.2 (originally 11.1.2)</p> <p>For children placed in out-of-home care, develop and implement a policy to require 30-day visits between social worker and parents, and social worker and child IN ALL CASES This action step and following benchmarks are subject to 2005 budget request</p> <ul style="list-style-type: none"> <li>a. Utilizing policy workgroup from 14.1.1, develop policy recommendations (3/05-5/05)</li> <li>b. Workgroup reports out recommendations (5/05)</li> <li>c. CA Management reviews and approves policy recommendations (6/05)</li> <li>d. Budget decisions (7/05)</li> <li>e. Provide orientation to staff, caregivers and community partners on new policy requirement (7/05-9/05)</li> <li>f. Revise new social worker academy training to support new policy and practice guidelines (9/05)</li> <li>g. Based on available funding, implement policy changes (10/05)</li> <li>h. Establish baseline for compliance with policy changes and set performance measure (3/06)</li> <li>i. Initiate quarterly reporting to the field (6/06)</li> </ul>
<p>2. Increase compliance with policy requiring workers to visit children in placement within the first week of out-of-home care</p>	<p>KCF II 14.1.6</p> <p>Review and revise policy requiring social workers to visit all children in their placement within the first week in out-of-home care</p> <ul style="list-style-type: none"> <li>a. Establish workgroup to review and revise policy (6/05)</li> <li>b. Orient staff to new policy requirement (8/05)</li> <li>c. Begin implementation of new policy (10/05)</li> <li>d. Establish regional baselines and set performance measure (6/06)</li> <li>e. Initiate quarterly reporting to the field (6/06)</li> </ul>
<p>3. A face-to-face safety assessment with a child suspected to be a victim of child abuse or neglect while in the Department's custody shall occur within 24 hours of the report for emergent cases, and within 72 hours of the report for non-emergent cases.</p>	<p>KCF II 1.1.5-1.1.8* (originally 1.1.4, 1.1.5)</p> <p>1.1.5 Require social workers to make face-to-face contact with child victims suspected to be a victim of child abuse or neglect, while in the custody of CA, within 24 hours for referrals of child abuse and/or neglect rated as <u>emergent</u>.</p> <ul style="list-style-type: none"> <li>a. Establish policy workgroup to develop recommendations regarding policy changes for 24 hour face-to-face contacts on emergent referrals (10/04)</li> <li>b. CA Management reviews and approves recommendations (1/05)</li> <li>c. Communicate policy changes with staff (2/05)</li> <li>d. Policy becomes effective and is implemented statewide (3/05)</li> <li>e. Establish baseline for compliance with policy change and set performance measure (6/05)</li> <li>f. Initiate quarterly progress reports to the field (9/05)</li> </ul> <p>1.1.6 – exact same language, except says “DCFS social</p>

	<p>workers”</p> <p>1.1.7 Require social workers to make face-to-face contact with child victims suspected to be a victim of child abuse or neglect, while in the custody of CA, within 72 hours for referrals of child abuse and/or neglect rated as <u>non-emergent</u>.</p> <ol style="list-style-type: none"> <li>Define expectation and practice guidelines for social workers to make first attempt for face-to-face contact with child victims on cases rated as non-emergent within 5 days from the date of referral (12/04)</li> <li>Review and report on progress towards compliance with expectation/practice guidelines (3/05)</li> <li>Establish policy workgroup to develop policy for increasing face-to-face contacts to 72 hours for all non-emergent referrals (6/05)</li> <li>CA Management reviews and approves recommendations (10/05)</li> </ol> <p>The following benchmarks are subject to 2005 budget request:</p> <ol style="list-style-type: none"> <li>Implement policy for increasing face-to-face contact to 72 hours for all non-emergent referrals (12/05)</li> <li>Establish baseline for compliance with policy change and set performance measure (3/06)</li> <li>Initiate quarterly reporting to the field offices, including a review of progress towards achieving the goal (6/06)</li> </ol>
<p>4. Children in the custody of the Department will not be placed in:</p> <ul style="list-style-type: none"> <li>Institutions not designed to receive foster children, such as adult mental hospitals or detox facilities where children and adults are commingled</li> <li>A foster home without specialized training and support to provide for the safety of children in the home when sexually aggressive or physically assaultive children reside in the home</li> <li>DSHS offices, including repeated daily stays at DSHS offices</li> </ul>	

## State Law

### COA Standards

- FC 6 Children are placed with foster families that can meet their needs for safety, permanency, stability, and well being.
- FC 16 The organization assesses prospective foster parents and their homes to ensure that children receive safe, sufficient, and appropriate care.
- FC 6.01 A safe, nurturing living arrangement is identified and maintained through a process that examines and monitors child and caregiver characteristics, strengths, needs and resources.

FC 12.01 The family foster care worker meets separately with the child and the parents at least once a month to:

- a. Assess safety and well-being;
- b. Monitor service delivery; and
- c. Support the achievement of permanency and other service plan goals.

(See also KC 13.01)

FC 12.03 The therapeutic foster care worker meets privately with the child at least twice a month and with the parents at least once a month to:

- a. assess safety and well-being;
- b. monitor service delivery; and
- c. support the achievement of permanency and other service plan goals.

(See also KC 13.03)

**Response:** *The Department does not provide therapeutic foster care direct services therefore is not held to this standard by COA and should not be included here.*

FC 12.05 Current information about the child's placement is available to authorized personnel at all times.  
(See also KC 13.05)

**Response:** *The Department is not held to this standard by COA and it should not be included here.*

FC 2.04 The family foster care worker holds individual meetings to initiate the assessment process:

- a. with the child within the first 72 hours of initial placement or any subsequent placements;
- b. with the child's parents within the first two weeks of placement; and
- c. with the foster parent within the first two weeks of placement.

CPS 5.01 Every child determined from the screening to be in imminent danger is seen immediately, and, in all other cases, a child is seen within 48 hours.

**Response:** *The Department does not agree that this standard should be included in this report. This standard goes well beyond the scope of the Settlement Agreement. As a CPS standard, its primary focus is on the timeliness and quality of CAP investigations on the front end of the child welfare process. The vast majority of children affected by these investigations at the point at which the COA standard will apply are not yet in the custody of CA and are not members of the class covered by the Settlement Agreement.*

*A letter regarding the Professional Standards, which include more information on CPS Standard 5.01 is being forwarded along with this response.*

### III.E: SIBLING SEPARATION

**GOAL 1:** Placement of siblings together is presumed to be in the children's best interest, unless there is a reasonable basis to conclude that the health, safety or welfare of a child is put in jeopardy by the placement.

**Outcome 1:** The Department will achieve and maintain the CFSR federal standard for Permanency 2, Item 12, Placement with Siblings (under review).

**Benchmarks:** A one-year baseline for 2005 will be established for the percentage of children placed with (1) any siblings and (2) all siblings.

The percentage of children placed with any siblings will increase yearly by 10% over baseline until the CFSR federal standard is reached. The rate of change is subject to adjustment by the Panel if the completed baseline indicates a more appropriate rate.

Panel sets baseline	06/01/06
10% over baseline	06/01/07
10% over 2007	06/01/08
10% over 2008	06/01/09
10% over 2009	06/01/10
10% over 2010	06/01/11

The percentage of children placed with all siblings will increase yearly by 10% over baseline until the CFSR federal standard is reached. The rate of change is subject to adjustment by the Panel if the completed baseline indicates a more appropriate rate.

Panel sets baseline	06/01/06
5% over baseline	06/01/07
5% over 2007	06/01/08
5% over 2008	06/01/09
5% over 2009	06/01/10
5% over 2010	06/01/11

**GOAL 2:** Frequent and meaningful contact between siblings in foster care who are not placed together and those who remain at home should occur, unless there is a reasonable basis to conclude that such visitation is not in the best interest of the children.

**Outcome 1:** The percentage of children placed apart from their siblings who have two or more monthly visits or contacts (not including staffing meetings or court events) with some or all of their siblings will significantly increase over the settlement period. If the CA determines that visitation/contact poses a risk to the child's health/safety or welfare, this finding shall be entered into the files and must be approved by the supervisor (under review).

**Benchmarks:** A one-year baseline for 2005 will be established for the percentage of children placed apart from their siblings who have two or more monthly visits with some or all of their siblings.

**Response:** *To be consistent with the Outcome, we suggest adding "contacts" after visits.*

The percentage of children placed with siblings will increase yearly by 10% over baseline until the benchmark of 95% is reached. The rate of change is subject to adjustment by the Panel if the completed baseline indicates a more appropriate rate.

*Response: We believe the Panel meant "visiting or contacting" instead of "The percentage of children placed..." to be consistent with the Outcome and Benchmark.*

Panel sets baseline	06/01/06
10% over baseline	06/01/07
10% over 2007	06/01/08
10% over 2008	06/01/09
10% over 2009	06/01/10
10% over 2010	06/01/11

Action Steps	Details
1. Increase quality and frequency of visits between children and their siblings	<p>KCF II 18.1.1*</p> <p>Develop policies and protocols regarding visitations for children in foster care to include frequency of visitation</p> <ol style="list-style-type: none"> <li>Establish a policy workgroup, including stakeholders and researchers, to develop a framework for visitations between parents and children and siblings that is utilized uniformly across regions. Framework to include guidelines for visitations which encompass: (9/04 – 12/04) <ul style="list-style-type: none"> <li>When visitations can be unsupervised,</li> <li>When visitations can be outside of the DCFS office,</li> <li>When visitations can be outside DCFS office hours, and</li> <li>Who is able to supervise visits</li> <li>How the visitation issues will be addressed during the Family Team Decision Making meeting which occurs within 72 hours of a child's placement in out-of-home care.</li> <li>How the visitation issues will be addressed in other staffings and supervisory conferences</li> <li>Guidelines for documentation of visits for social workers and contracted service providers</li> </ul> </li> <li>Workgroup reports out recommendations (12/04)</li> <li>CA Management reviews and approves framework and policy recommendations (1/05)</li> <li>Provide training for staff and providers to support policy changes for visitations, quality of visitations and maintaining child's cultural connections (2/05 – 4/05)</li> <li>Implement policy changes upon training (2/05-4/05)</li> <li>Report out quarterly on progress (6/05-6/07)</li> </ol>
2. Improve kinship support services	<p>KCF 8.3.2, 8.3.3, 21.1.1* (originally 8.1.2)</p> <p>8.3.2 Develop and implement caregiver initial assessment policy to support immediate relative placements</p> <ol style="list-style-type: none"> <li>Workgroup develops initial assessment tool and policy (12/04)</li> <li>CA Management reviews and approves appropriate recommendations (2/05)</li> <li>Provide training to social workers and supervisors (3/05-5/05)</li> <li>Revise DLR academy training to reflect policy change</li> </ol>

	<p>(5/05)</p> <ul style="list-style-type: none"> <li>• Implementation statewide (6/05)</li> </ul> <p>8.3.3 Implement relative home study</p> <ol style="list-style-type: none"> <li>a. Workgroup develops initial assessment tool and policy (12/04)</li> <li>b. CA Management reviews and approves appropriate recommendations (2/05)</li> <li>c. Provide training to staff (3/05-5/05)</li> <li>d. Implementation statewide (6/05)</li> </ol> <p>21.1.1 Develop and implement revised policy framework for kinship care.</p> <ol style="list-style-type: none"> <li>a. Establish policy workgroup to: (9/04) <ul style="list-style-type: none"> <li>• Develop policy providing access to services for non-licensed kinship care providers; and</li> <li>• Develop tools (e.g., ancestry chart, genogram) for Kinship care policy, including how it supports Tribal ICWA law requirements.</li> </ul> </li> <li>b. CA Management reviews and approves recommendations (1/05)</li> <li>c. Make necessary policy changes to support framework. (4/05)</li> <li>d. Provide training to existing staff on policy framework and tools (5/05)</li> <li>e. Revise academy curriculum for new social workers to include kinship framework (6/05)</li> <li>f. Implement policy changes. (7/05)</li> </ol>
3. Hire and train relative search staff to support finding relative resources and supporting Family Team Meetings	<p>KCF II 8.3.4</p> <p>Hire and train relative search staff to support finding potential relative resources and Family Team Decision Making Meetings by:</p> <ul style="list-style-type: none"> <li>• Completing relative/father searches</li> <li>• Identifying Tribal/Band affiliation</li> <li>• Completing caregivers initial assessment</li> </ul> <p>The following benchmarks are subject to 2005 budget request:</p> <ol style="list-style-type: none"> <li>a. Budget decisions (7/05)</li> <li>b. Hire and train relative search staff (10/05)</li> <li>c. Implement (11/05)</li> </ol>
4. Implement case conferences prior to dispositional hearing, as required by 2004 legislation	<p>KCF II 13.1.6 (originally 13.1.7)</p> <p>Implement case conferences prior to dispositional hearing, as required by 2004 legislation (refer to 7.1.5 for timeline)</p>
5. Develop and implement policies and protocols regarding visitation to children, parents and siblings	<p>KCF II 18.1.1 (Note: The first action step in this section also references 18.1.1)</p> <p>Develop policies and protocols regarding visitations for children in foster care to include frequency of visitation</p> <ol style="list-style-type: none"> <li>a. Establish a policy workgroup, including stakeholders and researchers, to develop a framework for visitations between parents and children and siblings that is utilized uniformly across regions. Framework to include guidelines for visitations which encompass: (9/04 – 12/04)</li> </ol>

	<ul style="list-style-type: none"> <li>• <i>When visitations can be unsupervised,</i></li> <li>• <i>When visitations can be outside of the DCFS office,</i></li> <li>• <i>When visitations can be outside DCFS office hours, and</i></li> <li>• <i>Who is able to supervise visits</i></li> <li>• <i>How the visitation issues will be addressed during the Family Team Decision Making meeting which occurs within 72 hours of a child's placement in out-of-home care.</i></li> <li>• <i>How the visitation issues will be addressed in other staffings and supervisory conferences</i></li> <li>• <i>Guidelines for documentation of visits for social workers and contracted service providers</i></li> </ul> <ul style="list-style-type: none"> <li>b. Workgroup reports out recommendations (12/04)</li> <li>c. CA Management reviews and approves framework and policy recommendations (1/05)</li> <li>d. Provide training for staff and providers to support policy changes for visitations, quality of visitations and maintaining child's cultural connections (2/05 – 4/05)</li> <li>e. Implement policy changes upon training (2/05-4/05)</li> <li>f. Report out quarterly on progress (6/05-6/07)</li> </ul>
6. Submit and, if approved, implement Title IV-E Demonstration Waiver to develop and deliver kinship supports	KCF II 38.1.3 (completed)
7. Pursuant to plans developed under KCFII, implement strategies to recruit additional licensed foster care and relative caregivers willing and able to accommodate sibling groups	<p>KCF II 24.1.1</p> <p>Implement the RFP for providing statewide foster parent recruitment.</p> <ul style="list-style-type: none"> <li>a. Review and select proposals</li> <li>b. Develop performance measures</li> <li>c. Develop implementation and communication plans</li> <li>d. Orientation of staff and caregivers to regional/statewide recruitment program</li> <li>e. Begin implementation of regional/statewide contracted recruitment program</li> <li>f. Annual contract monitoring re contract performance measures and reporting of results</li> </ul>

## State Law

### COA Standards

FC 6.02 A placement that can meet the child's needs is selected in accordance with the following priorities:

- a. with siblings;
- b. with kin; or
- c. with a family that resides within reasonable proximity to the child's family and home community.

FC 7.02 A constructive visitation plan is developed and updated in collaboration with parents, foster parents, and the child and is appropriate to:

- a. the child's age and developmental stage;
- b. the parent's strengths and needs;
- c. the schedules of foster parents and parents; and

- d. the social and cultural context of the family.

FC 7.03 Parents and siblings receive support to maintain on-going contact with the child through visitation, phone calls, or written correspondence, except when contraindicated.

C 4.03 The child, parents, caregivers, foster parents, and relevant professionals participate in a quarterly administrative review of the permanency plan to assess:

- a. the appropriateness of continued placement away from the family;
- b. constructive parent, child, and sibling visitation;
- c. efforts to reunify the child with his/her family and progress toward permanency;
- d. possible placement resources and best options; and
- e. appropriateness of services.

### III.F: SERVICES TO ADOLESCENTS

**GOAL 1:** Improve the quality and accessibility of services to adolescents in the custody of DCFS consistent with the allegations set forth in Section II, Paragraph 2.3 of the Plaintiff's Fifth Amended Complaint.<sup>††</sup>

- Action Steps:**
1. Adolescents will be offered the opportunity, and will be encouraged and assisted to participate in planning and decision-making regarding their own services and placement.
  2. Family members and other significant individuals identified by the adolescent will be invited, encouraged, and assisted to participate in planning and decision making regarding the youth's services and placement.
  3. Develop an integrated, re-designed service model for adolescents that is based on the best available evidence of effectiveness. (KFC II 19.1.1)
  4. Establish Youth Advisory Group. (KFC II 19.1.7)

**GOAL 2:** Improve the educational achievement of adolescents in the custody of DCFS and better prepare them to live independently.

**Outcome 1:** The percent of school-age children with a documented annual education review, as defined in Section V of the Individual Service and Safety Plan will significantly increase and this review will be used to determine his or her educational progress and whether appropriate educational progress is occurring. If such progress is not occurring, the department shall establish service plans for each child to address the educational needs identified in the annual review.

**Benchmarks:** A one-year baseline for 2006 will be established for the percentage of school-age children with a documented annual education review, as defined in Section V of the Individual Service and Safety Plan, and the percentage of school-age children with lack of educational progress who have service plans to address the educational needs identified in the annual review.

The percentage of school-age children with a documented annual education review will increase yearly by 10% over baseline, and the percent of school-age children with lack of educational progress who have service plans to address the educational needs identified in the annual review will increase yearly by 10% over baseline. The rate of change is subject to adjustment by the Panel if the completed baseline indicates a more appropriate rate.

**Response:** *The Department is unable to electronically measure this.*

Panel sets baseline	06/01/07
10% over baseline	06/01/08
10% over 2007	06/01/09
10% over 2008	06/01/10
10% over 2009	06/01/11

**Outcome 2:** The Department will ensure that children who may be eligible for special educational services are assessed for and/or receive special education or related services (under review).

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<sup>††</sup> The Plaintiff's Fifth Amended Complaint can be viewed at [www.braampanel.org](http://www.braampanel.org) under "Settlement Info."

**Benchmarks:** A one-year baseline for 2006 will be established for the percentage of school-age children with a request for special education consideration who are assessed for special education. (Under review)  
By June 1, 2007.

**Response:** *The Department is unable to electronically measure this.*

The percentage of school-age children with a request for special education consideration who are assessed for special education will increase yearly by 5% over baseline. The rate of change is subject to adjustment by the Panel if the completed baseline indicates a more appropriate rate. (Under review)

**Response:** *We suggest clarifying the language to say "The percentage of school-age children with a request for special education consideration **and are** assessed for special education will increase..." to ensure it is understood that the purpose is to have all children with a request receive an assessment. The current language could be interpreted to mean that the number of children with a request will increase yearly.*

Panel sets baseline	06/01/07
5% over baseline	06/01/08
5% over 2007	06/01/09
5% over 2008	06/01/10
5% over 2009	06/01/11

**Outcome 3:** Each school-age child will be at the age appropriate grade, consistent with his or her developmental and/or cognitive abilities, or making substantial progress in that direction.

**Benchmarks:** A one-year baseline for 2006 will be established for the percentage of school-age children at the age-appropriate grade, consistent with his or her developmental and/or cognitive abilities, or making substantial progress in that direction.

The percentage of school-age children with a request for special education consideration who are assessed for special education will increase yearly by 5% over baseline. The rate of change is subject to adjustment by the Braam Panel if the completed baseline indicates a more appropriate rate.

**Response:** *This is the same Benchmark as above. We suggest eliminating this.*

Panel sets baseline	06/01/07
5% over baseline	06/01/08
5% over 2007	06/01/09
5% over 2008	06/01/10
5% over 2009	06/01/11

**Action Steps:** 1. Establish educational advocacy positions to assist children in out-of-home care in meeting K–12 educational objectives and preparing for higher education goals. (KFC II 15.3.4)

2. Offer caregivers training on educational advocacy skills. (KFC II 15.4.1)

3. Develop and implement tutoring and mentoring services, in conjunction with existing community resources, to improve educational outcomes for adolescents in out-of-home care.  
By June 1, 2007.

4. The Department will collect information on school attendance, trancies, suspensions, and expulsions, and will use this information to practice system improvements in DCFS and to advocate for system improvements related to this goal.  
By June 1, 2008.

**Outcome 4:** The percentage of school aged children enrolled in school within three school days of entering care or changing placements when continuation in a current school is not possible or in the best interest of the child will significantly increase.

*Response:* *Enrolling children in school is not within the Department's control and should not be subject to an enforcement proceeding.*

**Benchmarks:** A one-year baseline for 2006 will be established for the percentage of school-age children enrolled in school within three school days of entering care or changing placements when continuation in a current school is not possible or in the best interest of the child.

The percentage of school-age children enrolled in school within three school days of entering care or changing placements (when continuation in a current school is not possible or in the best interest of the child) will increase yearly by 10% over baseline. The rate of change is subject to adjustment by the Panel if the completed baseline indicates a more appropriate rate.

Panel sets baseline	06/01/07
10% over baseline	06/01/08
10% over 2007	06/01/09
10% over 2008	06/01/10
10% over 2009	06/01/11

**Action Steps:** 1. DCFS will request the school records of all school age children immediately upon the child entering care (or changing placements, if the placement change requires a change in schools).

Policy implemented by June 1, 2006.

*Response:* *The CHET states that records be requested within 10 days. We do not currently ask for school records when changing placements, therefore this could be a considerable workload issue for the Department and for the schools.*

2. The Department will collect aggregate data to determine which children are not enrolled within the time limits and why. This data will be used by the CA to make practice improvements in DCFS and to advocate for system improvements related to the goal; it will be shared with the Panel annually.

By June 1, 2007

*Response:* *The Department is unable to measure this electronically.*

**Outcome 5:** The percentage of youth exiting foster care with a high school diploma will be increased to the rate/percentage of youth in the state's general population who receive high school diplomas (adjusted for developmental level, and socio-demographic characteristics).

**Benchmarks:** A one-year baseline for 2007 will be established for the percentage of youth exiting foster care with a high school diploma (adjusted for developmental level, and socio-demographic characteristics). Comparable percentage of school-age children for percent of youth at age 18 who have a high school diploma will be established. Significant differences between the foster care and general population youth will be determined (adjusted for developmental level and socio-demographic characteristics by region).

Significant differences in percentage of youth at age 18 having a high school diploma and general population youth will decrease yearly by 10% over baseline. The rate of change is subject to adjustment by the Panel if the completed baseline indicates a more appropriate rate.

Panel sets baseline	06/01/08
10% over baseline	06/01/09
10% over 2007	06/01/10
10% over 2008	06/01/11

**Outcome 6:** Of those youth graduating without a high school diploma, the percentage of youth exiting foster care with a GED, will be comparable to the rate/percentage of youth in the state's general population who receive GEDs (adjusted for demographics such as urban and rural demographics).

**Benchmarks:** A one-year baseline for 2007 will be established for significant differences in the percentage of youth exiting foster care with a GED and the percentage of youth in the state's general population who receive GEDs (adjusted for developmental level, and socio-demographic characteristics by region).

Significant differences in percentage of youth at age 18 having a GED and general population youth will increase yearly by 10% over baseline. The rate of change is subject to adjustment by the Panel if the completed baseline indicates a more appropriate rate.

Panel sets baseline	06/01/08
10% over baseline	06/01/09
10% over 2007	06/01/10
10% over 2008	06/01/11

**Action Step:** DCFS will document each child's credit accumulation and Grade Point Average at each placement change and at the end of each school year in conjunction with the annual educational review in the ISSP. When placement changes disrupt credit acquisition, DCFS will work with the releasing and enrolling school districts to develop a plan for the child to complete needed credits.  
By June 1, 2007.

*Response: This is a new action step and will be a considerable workload issue.*

**Outcome 7:** While in custody, each child will be prepared to live independently.

*Response: Assuming this means each child age 15 and older, this requires additional resources to address all of these youth. We suggest changing this to all youth 16 years and older, which would be consistent with the requirement of the federal Chafee grant for independent living services.*

**Benchmarks:** A one-year baseline for 2006 will be established for the percentage of youth who are 15 years of age and older and have the age-appropriate services in preparation for independent living (Ansell Casey Life Skills Assessment yearly, independent Living-Learning Plan updated yearly and coordinated with responsible school district if receiving special education services, and multi-disciplinary staffings for youth 6 months before exit). Reports will include comparisons by racial/ethnic group.  
By June 1, 2007.

*Response: Please see comments above for Outcome 7.*

The percentage of youth who are 15 years of age and older and have the age-appropriate services in preparation for independent living will increase yearly by 10% over baseline. The rate of change is subject to adjustment by the Panel if the completed baseline indicates a more appropriate rate.

Panel sets baseline	06/01/07
10% over baseline	06/01/08
10% over 2007	06/01/09
10% over 2008	06/01/10

<b>COA Standard</b> YIL 9.01 The organization provides individuals transitioning to independence with at least six months' advance notice of the cessation of any health, financial, or other benefits that may occur at transition or case closing.
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**Proposed Action Step:** The Department of Social and Health Services will establish a joint planning process that identifies foster children with developmental disabilities and develops a transition plan to ensure linkages to appropriate agencies during each of these children's transition to adulthood. (Under review)  
By June 1, 2007.

*Response: The Department addresses linking foster children with developmental disabilities to appropriate agencies through the Aging and Disabilities Services Administration.*

**Action Steps:** 1. To help children prepare for adulthood, DCFS will ensure that each child who is 15 or older takes the Ansell Casey Life Skills Assessment (ACLSA), or a similar assessment tool, and the appropriate supplements for sub-populations. Youth ages 15 or older who remain in custody for more than one year will take the ACLSA annually.  
By January 1, 2007

2. Each child who is 15 or older will have a written Independent Living-Learning Plan that is youth-directed (to be defined) and aimed at assisting with the transition to adult life. The plan will take into account the strengths and potential of the youth and address the ACLSA life skills domains. The plan will be established whether or not the child is enrolled with an ILP contract agency.  
By January 1, 2007

3. For children 16 or older receiving special education services under the IDEA, the Independent Living-Learning plan will be developed in coordination with the responsible school district in order to coordinate planning and services for successful independence.  
By June 1, 2007

*Response: Although the Department will collaboratively advocate for developing a plan with the school district, we do not have control over the schools, therefore this Action Step is not within the Department's control and should not be subject to an enforcement proceeding.*

4. The Department will propose strategies to the Panel that result in sufficient capacity off ILP contractors serving children aged 15 and older so 100 percent of the children aged 15 and older are served by the state.  
By January 1, 2007

*Response: The Department agrees with the intent of this step, however the requirement of 100% of children are served is, as addressed previously, setting up the Department to fail. IL is a voluntary service so we can offer it to 100% of eligible youth in the best of circumstances, but can not require youth to take part.*

5. Implement multi-disciplinary staffings for youth six months before exit. (KFC II 10.4.1) The staffings will address the following issues. (a) At least six months' advance notice of the cessation of any health, financial, or other benefits that may occur at transition or case closing, (b) assistance to help the child to maintain or obtain: housing, employment, and/or higher education, health insurance, health records, medical, dental, developmental, mental health and substance abuse services and medication, (c) connection with a caring adult who has an interest in the child's well being, and this connection shall be made before the child is terminated from care.

**GOAL 3: Reduce the number of adolescents on runaway status from foster care.**

**Outcome 1:** Reduce the number or percentage of children who run from out-of-home care placements for the first time.

**Benchmarks:** A one-year baseline for 2005 will be established for the number or percentage of children who ran from out-of-home care placements during 2005 and for the number of children who ran from out-of-home care during their current episode in out-of-home care.

The number of children who ran from out-of-home care placements will decrease yearly by 20% from baseline and the number of children who ran from out-of-home care during their current episode in out-of-home care will yearly decrease by 20% from baseline. The rate of change is subject to adjustment by the Panel if the completed baseline indicates a more appropriate rate.

*Response: The language in the Benchmark needs to be changed to match the %s in the Benchmark.*

Panel sets baseline	06/01/06
20% under baseline	06/01/07
15% under 2007	06/01/08
10% under 2008	06/01/09
5% under 2009	06/01/10
5% under 2010	06/01/11

**Outcome 2:** Reduce the number or percentage of children who run from out-of-home care placements two or more times.

**Benchmarks:** A one-year baseline for 2005 will be established for the number or percentage of children who ran from out-of-home care placements two or more times during their current episode in out-of-home care.

The number or percentage of children who ran from out-of-home care placements two or more times during their current episode in out-of-home care will decrease yearly by 20% from baseline. The rate of change is subject to adjustment by the Panel if the completed baseline indicates a more appropriate rate.

Panel sets baseline	06/01/06
20% under baseline	06/01/07
20% under 2007	06/01/08
20% under 2008	06/01/09
20% under 2009	06/01/10
20% under 2010	06/01/11

*Response: We suggest that the Benchmark %s in this Outcome be reduced similar to OC1 BM.*

**Outcome 3:** Reduce the number of days that a child on runaway status is gone by creating strategies to aggressively locate runaways and at the same time not increase the number of days (mean and median children spend in detention due to civil contempt motions.

*Response: The Department is unable to measure contempt motions.*

**Benchmarks:** A one-year baseline for 2005 will be established for the average number of days (mean and median) for children who ran from out-of-home care placements during their current episode in out-of-home care together with the average number of days (mean and median) children spend in detention due to civil contempt motions.  
By June 1, 2006

The average number of days (mean and median) for children who ran from out-of-home care placements during their current episode in out-of-home care will decrease annually by 20% while the average number of days (mean and median) children spend in detention due to civil contempt motions remains constant. The rate of change is subject to adjustment by the Panel if the completed baseline indicates a more appropriate rate.

*Response: We suggest that the Benchmark %s in this Outcome be reduced similar to OC1 BM.*

Panel sets baseline	06/01/06
20% under baseline	06/01/07
20% under 2007	06/01/08
20% under 2008	06/01/09
20% under 2009	06/01/10
20% under 2010	06/01/11

**Action Steps:** 1. The Department shall follow procedures for children who are missing in care that are set forth in DSHS practices and procedure manual #2580. The policy shall be revised to include the following parameters: the social worker shall convene a meeting within five days of the child being reported missing with the purpose of strategizing the most effective means of locating the child and returning them to care. The meeting shall consist of the social worker and supervisor, and persons who know, care about, and may be able to help locate the child; this meeting shall be documented in the file. Weekly meetings are to be held by the social worker and supervisor regarding efforts to help locate the child; these meetings shall also be documented by \_\_\_\_.

2. The Department shall establish a toll free safe line that can be accessed by every child who runs from care by \_\_\_\_.

3. The Department will maintain information on children in foster care who spend time in juvenile detention facilities and will annually compile information on the number of these children, their lengths of stay in detention facilities, and the reason for the hold (contempt of court, pre-adjudication hold, disposition order etc.

By June 1, 2008.

*Response: The Department is unable to electronically measure this.*

4. The Department will review systemic data and literature on methods and supports to caregivers to decrease running away behaviors in adolescents, and develop and implement strategies to decrease runaway behaviors (KFC II 19.3.2) by \_\_\_\_.

5. The Department will review policies and approaches recommended by national organizations such as the Child Welfare League and the National Center on Missing and Exploited Children regarding cross-system collaboration with law enforcement representatives concerning children missing from care.

By June 1, 2006.

6. The Department will negotiate written agreements with law enforcement agencies in the 10 most populated counties in the state to work cooperatively to identify and promptly pick up foster care youth who have run from a placement (under review).

By June 1, 2007.

Action Steps:	Details
1. Develop an integrated, re-designed service model for adolescents	<p>KCF II 19.1.1</p> <p>In collaboration with other DSHS Administrations and community partners, develop an integrated, re-designed service model for adolescents. This action step and the following benchmarks are subject to 2005 budget request</p> <ul style="list-style-type: none"> <li>a. Workgroup develops recommendations for a redesigned service model for adolescents including budget (9/04-6/05)</li> <li>b. CA Management review (6/05-8/05)</li> <li>c. Recommendations and budget proposal reviewed by DSHS Cabinet (8/05)</li> <li>d. Budget appropriated (9/06)</li> <li>e. Begin implementation of re-designed service model (11/06)</li> <li>f. Complete implementation of re-designed service model (8/07)</li> </ul>
2. Offer support services to foster youth until age 21	Original KCF II 10.1.1
3. Propose statutory change to extend out-of-home care benefits to children through	Original KCF II 10.1.1

age 21	
4. Implement multi-disciplinary staffings for youth 6 months before exit	KCF II 10.4.1 (originally 10.1.2)
5. Establish post-guardianship support program	Originally KCF II 21.1.3
6. Develop and implement regional resource centers for post-adoption kinship and post-guardianship families	Originally KCF II 10.3.3
7. Establish educational outreach positions to assist children in out-of-home care in meeting higher education goals	<p>KCF II 15.3.4 (originally 15.1.3)</p> <p>Work with Washington Education Foundation to obtain funding and implement the Foster Care to College Partnership plan, which includes establishing six regional educational outreach positions, who will serve as liaisons to assist children (16-18 year olds) in out-of-home care in meeting higher education goals.</p> <ul style="list-style-type: none"> <li>a. In collaboration with Washington Education Foundation, complete Foster Care to College Partnership proposal (10/04)</li> <li>b. Seek 3-year grant funding (10/04 – 2/05)</li> <li>c. Based on funding, begin implementation of the Foster Care to College Partnership plan (4/05)</li> <li>d. Report on implementation (9/05)</li> <li>e. Annual evaluation report (completed each year of the 3-year grant funding) (6/06, 6/07, 6/08)</li> </ul>
8. Establish Youth Advisory Group	<p>KCF II 19.1.7</p> <p>Establish Youth Advisory Group</p> <ul style="list-style-type: none"> <li>a. Develop model for youth advisory group (12/04)</li> <li>b. Locate and establish initial youth advisory members (1/05)</li> <li>c. Train youth advisory group (2/05)</li> <li>d. Begin youth advisory group meetings (to be conducted regularly) (4/05)</li> </ul>
9. Offer caregivers training on educational advocacy skills	<p>KCF II 15.4.1 (originally 15.1.5)</p> <p>Develop and distribute educational brochures and/or information packets in collaboration with the education sector (<i>packets to include basic statewide information including: mandatory reporting information, and program descriptions for CA and schools</i>)</p> <ul style="list-style-type: none"> <li>a. In collaboration with OSPI, develop packet contents (10/04)</li> <li>b. Consolidate work products developed from HB 1058 workgroups for inclusion in packets (3/05)</li> <li>c. Customize information to target respective areas (6/05)</li> <li>d. Revise/draft CA policy to include distribution of material and to clarify roles of youth and caregivers (6/05)</li> <li>e. Develop plan for distribution of packets to youth, parents, relative caregivers, foster parents, school staff, social workers, and court (9/05)</li> <li>g. Begin implementation of distribution plan (12/05)</li> </ul>
10. Develop and implement tutoring and mentoring services, in conjunction with existing community resources, to improve educational outcomes for adolescents in	<p>KCF II 15.2.3d* (originally 15.1.2)</p> <p>(Note: this section doesn't fully encompass the AS from the settlement agreement, but it seems to be the closest)</p>

out-of-home care	d. Regional coordinators work with community partners to develop regional plans, including of existing community resources and tutoring/mentoring programs (12/05)
11. Review systemic data and literature on methods and supports to caregivers to decrease running away behaviors in adolescents, and develop and implement strategies to decrease runaway behaviors.	<p>KCF II 19.3.2</p> <p>Develop and implement strategies to decrease runaway behaviors in adolescents in out-of-home care</p> <ol style="list-style-type: none"> <li>Review WA data on nature and frequency of adolescent runaway behavior (10/04)</li> <li>Review systemic data and literature on methods and supports to caregivers to decrease running away behaviors in adolescents (11/04)</li> <li>Develop strategies to decrease runaway behavior (4/05)</li> <li>CA Management reviews and approves specific strategies for piloting (5/05)</li> <li>Pilot selected strategies in at least 2 sites with highest incidence of runaway behavior (9/05)</li> <li>Evaluate pilots (12/05)</li> <li>Review and revise strategies based on evaluation of data (1/06)</li> <li>Begin implementation of strategies statewide (3/06)</li> <li>Complete implementation (3/07)</li> </ol>

#### State Law

RCW 74.13.550, RCW 74.13.039

#### COA Standards

- YIL 1 A community-based approach to services for adolescents increases the ability of the organization and the community to improve the quality and accessibility of services that support youth to achieve their goals.
- YIL 3 Youth independent living programs reach youth who are disengaged or disconnected from the service delivery system or may be at risk for poor adult outcomes.
- YIL 2 The program is guided by a service philosophy that:
- sets forth a logical approach for how activities, interventions and supports will meet the needs of service recipients; and
  - guides the development and implementation of program services and activities based on the best available evidence of effectiveness.
- YIL 1.04 The organization supports youth involvement, and promotes sufficient relevant resources by encouraging attendance at local or state youth advisory groups.
- YIL 7.04 Youth receive help locating and/or enrolling in educational or vocational programs that are appropriate to their needs, interests and abilities, which can include:
- high school or GED programs;
  - colleges or universities;
  - vocational training programs; and
  - special education services.
- FC 9.04 Each child receives support from foster parents and foster care workers regarding identity development in the areas of culture, race, ethnicity, language, religion, and sexual orientation.

- FC 9.05 The child receives support to achieve his/her full educational potential through:
- efforts to keep the child enrolled in a familiar school or, if change is unavoidable, to enroll the child in the best educational setting available for the child;
  - educational assessments and individualized education plans when needed;
  - early intervention services;
  - tutoring; and
  - advocacy.
- TS 2.07 Direct service personnel demonstrate competence in, or receive training on, advocacy, including how to:
- access financial, and other community resources;
  - identify the impact of the socioeconomic environment on the service population; and
  - empower service recipients and their families to advocate on their own behalf.
- YIL 8.01 To facilitate an individual's ability to access all available services and become an active member of the community, the organization:
- remains knowledgeable about local, regional, and state resources, including networking and leadership opportunities;
  - educates the community about the assets and needs of individuals receiving support to attain self-sufficiency; and
  - finds and develops opportunities for individuals to develop positive ties to the community based on mutual interests and abilities.
- YIL 8.04 Counseling or mentoring, information, and institutional and business resources in the community are identified that can promote self-sufficiency, informed decision making, and readiness to assume responsibility for:
- activities of daily living;
  - obtaining housing and household management;
  - budgeting, saving and investing;
  - money management, including high costs associated with loans and buying on credit, and debt counseling;
  - the use of community resources;
  - serving as a resource to the community;
  - information about when and why public assistance is available; and
  - effective interpersonal communication and conflict resolution.
- FC 13.02 Upon case closing, the organization notifies any collaborating service providers, including the courts, as appropriate.
- FC 14 When the need for aftercare is identified, the organization and the family work together to develop an aftercare plan, and follow-up occurs when possible and appropriate.
- FC 10.05 Prior to discharge, assistance is provided to help the child maintain or obtain:
- health insurance;
  - health records;
  - medical, dental, developmental, mental health, and substance abuse services; and
  - needed medication.
- YIL 9.02 The organization prepares individuals for a successful transition by providing:
- for transfer or termination of custody for youth, as applicable;
  - information about rights and services to which the person may have access as a result of a disability;
  - individual and family medical history information;
  - information on availability of community resources, including affordable healthcare and counseling;
  - court and welfare systems information;
  - child care services information; and

- g. support through community volunteers or persons who have made a successful transition, as appropriate.

FC 14.03 Each child who is discharged from therapeutic foster care receives follow-up services for a period of time agreed upon by the team to ensure a successful transition.

*Response: The Department does not provide therapeutic foster care direct services therefore is not held to this standard by COA and should not be included here.*

FC 15.07 Each foster family develops or uses the organization's protocols for responding to emergencies including accidents, run away behavior, serious illness, fire, and natural disasters.

FC 9.06 Opportunities are provided for the child to:

- a. participate in ethnic, cultural, and religious activities and develop a sense of identity consistent with his/her cultural or native traditions;
- b. experience social, cultural, and recreational activities characteristic of the foster parents' community; and
- c. participate in age-appropriate independent living activities.

YIL 6 Youth with special needs receive additional services that are integrated into a coordinated, goal-oriented service plan designed to promote safe and stable living, and build independence.

FC 5 The program is guided by a service philosophy that:

- a. sets forth a logical approach for how program activities and interventions will meet family needs; and
- b. guides the development and implementation of program activities and services based on the best available evidence of effectiveness.

FC 15.07 Each foster family develops or uses the organization's protocols for responding to emergencies including accidents, run away behavior, serious illness, fire, and natural disasters.

## SECTION IV: GLOSSARY

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(This section is under substantial review)

**Active foster home:** Child placed and remaining within substitute home for at least one week during the reporting six-month period or one day or more of respite care.

**Adolescent:** A child 13 and older.

### **Behavioral Health Services:**

**Child/children's representative:** an attorney, appointed by the court for a child in a dependency proceeding pursuant to RCW 13.34.100, Guardian ad litem, court appointed Special Advocate/Guardian ad litem (CASA/GAL), or person appointed in lieu of a CASA/GAL.

**Cultural competence:** A state of congruent behaviors, attitudes, and policies that come together in a system or agency and enable that system or agency to work effectively in cross-cultural situations. A culturally competent system of care acknowledges and incorporates at all levels the importance of language and culture, assessment of cross-cultural relations, knowledge and acceptance of dynamics of cultural difference, expansion of cultural knowledge and adaptation of services to meet culturally unique needs.

**Ethnic minority or racial/ethnic groups:** For the purposes of this chapter, any of the following general population groups:

- (1) African American;
- (2) An American Indian or Alaskan native, which includes:
  - (a) A person who is a member or considered to be a member in a federally recognized tribe;
  - (b) A person determined eligible to be found Indian by the secretary of interior; and
  - (c) An Eskimo, Aleut, or other Alaskan native.
  - (d) A Canadian Indian, meaning a person of a treaty tribe, Metis community, or nonstatus Indian community from Canada.
  - (e) An unenrolled Indian meaning a person considered Indian by a federally or nonfederally recognized Indian tribe or off reservation Indian/Alaskan native community organization.
- (3) Asian/Pacific Islander; or
- (4) Hispanic.

**Family Decision Meetings:** Defined in RCW 74.13.630 as a family-focused intervention facilitated by dedicated professional staff that is designed to build and strengthen the natural caregiving system for the child. Family decision meetings may include, but are not limited to, family group conferences, family mediation, family support meetings, or other professionally recognized interventions that include extended family and rely upon the family to make shared decisions about planning for its children. The purpose of the family decision meeting is to establish a plan that provides for the safety and permanency needs of the child.

**Foster homes** for purposes of recruitment benchmark: Substitute care homes that have completed training and have received at least one child who remains at least one week during the reporting six-month period.

**Level and type of foster care:** categories of care used in the data analysis for Berliner and Fine's 2001 "Long-Term Foster Care in Washington: Children's Status and Placement Decision-Making," Olympia: Washington State Institute for Public Policy, document number 01-06-3901.

**Medically fragile children:**

**Mental health professional:**

- (1) A psychiatrist, psychologist, psychiatric nurse or social worker as defined in chapter 71.05 and 71.34 RCW;
- (2) A person with a masters degree or further advanced degree in counseling or one of the social sciences from an accredited college or university. Such person shall have, in addition, at least two years of experience in direct treatment of persons with mental illness or emotional disturbance, such experience gained under the supervision of a mental health professional;
- (3) A person who meets the waiver criteria of RCW 71.24.260, which was granted prior to 1986;
- (4) A person who had an approved waiver to perform the duties of a mental health professional that was requested by the regional support network and granted by the mental health division prior to July 1, 2001; or
- (5) A person who has been granted a time-limited exception of the minimum requirements of a mental health professional by the mental health division consistent with WAC 388-865-265.

Within the definition above are the following:

- **Psychiatrist:** A person having a license as a physician in this state who has completed residency training in psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and is board eligible or board certified in psychiatry.
- **Psychologist:** A person who has been licensed as a psychologist pursuant to chapter 18.83 RCW

**Mental health specialist:**

- (1) A "child mental health specialist" is defined as a mental health professional with the following education and experience:
  - (a) A minimum of one hundred actual hours (not quarter or semester hours) of special training in child development and the treatment of children and youth with serious emotional disturbance and their families; and
  - (b) The equivalent of one year of full-time experience in the treatment of seriously emotionally disturbed children and youth and their families under the supervision of a child mental health specialist.

**Multi-disciplinary staffings** shall have the same meaning as RCW 13.32A.030 except the meeting shall be oriented around foster care youth.

**Physical and mental health screening:**

**Physically aggressive youth:**

**Relative:**

- (1) Persons related to the child, expectant mother, or person with developmental disability in the following ways:
  - (a) Any blood relative, including those with half-blood, and including first cousins, nephews or nieces, and persons of preceding generations as denoted by prefixes of grand, great, or great-great.

- (b) Stepfather, stepmother, stepbrother, and stepsister;
- (c) A person who legally adopts a child or the child's parent as well as the natural and other legally adopted children of such persons, and other relatives of the adoptive parents in accordance with state law;
- (d) Spouses of any persons named in (a), (b), or (c) of this subsection, even after the marriage is terminated; or
- (e) Extended family members, as defined by the law or custom of the Indian child's tribe or, in the absence of such law or custom, the person who has reached the age of eighteen and who is the Indian child's grandparent, aunt or uncle, brother or sister, brother-in-law or sister-in-law, niece or nephew, first or second cousin, or stepparent who provides care in the family abode on a twenty-four-hour basis to an Indian child as defined in 25 U.S.C. Sec. 1903(4).

**Retention:** Substitute care homes that continue to receive children.

**Sexually aggressive youth:** Defined in RCW 74.13.075: (a) youth who have been abused and have committed a sexually aggressive act or other violent act that is sexual in nature and (i) are in the care and custody of the state or a federally recognized Indian tribe located in the state or (ii) are the subject of a proceeding under chapter 13.34 RCW or a child welfare proceeding held before a tribal court located in the state; or (b) cannot be detained under the juvenile justice system due to being under age twelve and incompetent to stand trial for acts that could be prosecuted as sex offenses as defined by RCW 9.94A.030 if the juvenile was over twelve years of age.

**Shared planning meeting:**

**Sibling:** A child's birth brother, birth sister, adoptive brother, adoptive sister, half-brother, half-sister, or as defined by the law or custom of the Indian child's tribe for an Indian child as defined in 25 U.S.C. Sec. 1903(4).

**Special education or related services:**